

REPORTER'S RECORD

74145

VOLUME 64 OF 65 VOLUMES

TRIAL COURT CAUSE NO. F00-02424-NM

THE STATE OF TEXAS : IN THE DISTRICT COURT
VS. : DALLAS COUNTY, TEXAS
JEDIDIAH ISAAC MURPHY : 194TH JUDICIAL DISTRICT

EXHIBIT VOLUME

FILED IN
COURT OF CRIMINAL APPEALS

DEC 5 2001

A P P E A R A N C E S:

HONORABLE BILL HILL, Criminal District Attorney
Crowley Criminal Courts Building
Dallas, Dallas County, Texas 75207
Phone: 214-653-3600
BY: MR. GREG DAVIS, A.D.A., SBOT # 05493550
MS. MARY MILLER, A.D.A., SBOT # 21453200
FOR THE STATE OF TEXAS;

MS. JANE LITTLE, Attorney at Law, SBOT # 12424210
MR. MICHAEL BYCK, Attorney at Law, SBOT # 03549500
MS. JENNIFER BALIDO, Attorney at Law, SBOT # 10474880
Dallas County Public Defender's Office
Phone: 214-653-9400
FOR THE DEFENDANT.

On the 26th day of February, through the 30th day of
June, 2001, the following proceedings came on to be heard in
the above-entitled and numbered cause before the Honorable F.
Harold Entz, Jr., Judge presiding, held in Dallas, Dallas
County, Texas: Proceedings reported by machine shorthand,
computer assisted transcription.

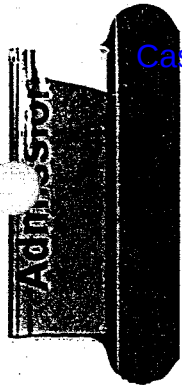
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State's Exhibit Number 146
Timberlawn Records
(Copy attached)

PENGAD-Bayonne, N.J.

STATE'S
EXHIBIT

176



Page 1 of 4

CHIEF COMPLAINT AND IDENTIFYING INFORMATION: The patient is a 24-year-old single white male who presents stating "I can't go on."

HISTORY OF PRESENT ILLNESS: The patient reports a history of bipolar II disorder and dissociative identity disorder. He is currently followed by Dr. Estabrook at Glen Oaks. The patient reports that he has been feeling more depressed and hopeless recently. He reports a current suicidal plan of overdosing. He states he has not been sleeping very well. He reports frequent nightmares. He reports appetite decline with weight loss. His energy has been poor. He states that he wants to stay in bed all the time. He feels like he is oversedated from his medications. He reports increasing dissociative episodes. He reports that one of his alters is very aggressive. He reports auditory hallucinations "all of the time."

Recent stressors include relationship problems and starting a new job next week.

PAST PSYCHIATRIC HISTORY: As mentioned he is currently followed by Dr. Estabrook at Glen Oaks. He was recently discharged from Glen Oaks earlier this month. He has been involved in drug rehabilitation in the past. He also states that he has been involved in AA, has a sponsor.

SUBSTANCE ABUSE HISTORY: He does have a significant history of alcohol use. He used to drink an eighteen pack a day. He did this for four or five years. His last use of alcohol was about two months ago.

History of Withdrawal: He does report a history of tremors and nausea.

Related Medical/Social/Vocational/Legal Problems: He reports two to three Public Intoxication charges.

MEDICAL HISTORY:

Past hospitalizations/surgery: He reports numerous surgeries. He states that he was shot in the hand and the lung in the past. He had an appendectomy in 1994. He had arthroscopic surgery on both knees in 1996.

Serious illnesses: Patient denies.

Review of systems: He states that currently he is okay physically.

Immunization status: Unsure

Dental exam status: Last dental examination was one and a half months ago.

MEDICATION HISTORY: Current medications include Haldol 5 mg q h.s.; Effexor unknown dosage; Seroquel 100 mg t.i.d.; Depakote 250 mg t.i.d.



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADMIN. DR.: S. Richard Roskos, M.D.
ADMIT DATE: 10/09/99

ADMISSION HISTORY
Chart Copy

Page 2 of 4

Previous Medication Trials: Ativan and Klonopin.

Medication Allergies: Iodine

PERSONAL/SOCIAL HISTORY:

Developmental History: The patient reports normal birth and states that he met developmental milestones on time. He lived with his biologic parents until age five. At age five his father died. He went to a foster home at that point.

Family/Martial History, Social Support Current Living Situation: He is currently living alone. He has never been married. He states that he has a two-year-old daughter. He does report relationship problems. He states that his mother is supportive.

Family Psychiatric History: His father abused alcohol and died of liver cirrhosis. His brother is an alcoholic. His paternal grandparents used alcohol.

Vocational History: He reports that he is currently unemployed. He states that he is suppose to start a new job next week.

Educational History: Graduated from high school.

Spiritual Orientation: States that he is Baptist.

Cultural Issues: The patient denies.

Legal Issues: The patient denies.

Physical/Sexual Abuse: The patient reports that he was sexually abused by his adoptive father from age three to six.

MENTAL STATUS EXAMINATION:

1. GENERAL APPEARANCE, BEHAVIOR AND SPEECH: The patient is well-developed, well-nourished appearing. He is casually groomed. He does appear sedated and his speech is mildly slurred. He is cooperative and makes fair eye contact.

2. MOOD AND AFFECT: Mood is "depressed." Affect is congruent.

3. SENSORIUM:

Orientation: He is mildly sedated. He is oriented to person, place, time and situation.

4. GENERAL INTELLECTUAL EVALUATION:

Memory: Immediate, recent and remote memory are fair.



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADMIN. DR.: S. Richard Roskos, M.D.
ADMIT DATE: 10/09/99

ADMISSION HISTORY
Chart Copy

Page 3 of 4

Judgement: Limited

General Fund of Knowledge: Intelligence is average.

5. THOUGHT:

Flow of Thought: Thought process is logical and goal-directed.

Content of Thought: He reports suicidal thoughts with the plan of overdosing. He denies homicidal thoughts. He states that he experiences auditory hallucinations most of the time. He reports a history of visual hallucinations, but none now.

PROVISIONAL DIAGNOSES:

- AXIS I. 1. Bipolar II Disorder, depressed
2. Dissociative Identity Disorder
- AXIS II. Deferred
- AXIS III. No Apparent Medical Problems
- AXIS IV. Moderate
- AXIS V. Current GAF of 30; Highest GAF past year of 45-50

PROBLEM LIST/JUSTIFICATION FOR ADMISSION:

1. ☐ Impaired reality testing
2. ☐ Diagnostic evaluation, drug therapy or treatment requiring continuous observation
3. ☐ Impaired social, educational, or occupational functioning related to psych diagnosis

STRENGTHS/ASSETS

1. ☐ Ability to provide for ADLS
2. ☐ Effectiveness of support system in and beyond immediate family
3. ☐ Motivation for treatment
4. ☐ Readiness to learn

RECOMMENDATIONS

Inpatient Hospital Unit: Admit to the Adult Psychiatric Program.

PRELIMINARY TREATMENT PLAN

- 1 ☐ Discharge and aftercare planning



Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADMIN. DR.: S. Richard Roskos, M.D.
ADMIT DATE: 10/09/99

ADMISSION HISTORY
Chart Copy

Page 4 of 4

Physical activities: Regular

Follow up medical care: With primary care physician.

Aftercare therapy: The patient has a medication management follow-up appointment scheduled with MHMR for Wednesday, 10-13-99 at 1:00 p.m. with Kin Kaiser in Terrell, Texas.

PROGNOSIS: Prognosis is fair.



S. Richard Roskos, M.D.

Date Dictated: 11/07/99

Date Typed: 11/10/99

Transcriptionist i.d.: jw

Job #: 2191



TIMBERLAWN
MENTAL HEALTH SYSTEM

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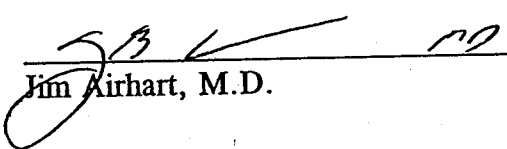
NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADM. DR.: S. Richard Roskos, M.D.

DISCHARGE SUMMARY

Chart Copy

Page 4 of 4

- 2 ☐ Medical consultation and baseline laboratory studies
- 3 ☐ Stabilize behavior and facilitate rapid diagnosis
- 4 ☐ Psychopharmacologic evaluation and treatment
- 5 ☐ Social/Family assessment
- 6 ☐ Continuous skilled observation in a safe environment


Jim Airhart, M.D.

Date Dictated: 10/09/99
Date Typed: 10/11/99
Transcriptionist i.d.: jw
Job #: 1238



Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADMIN. DR.: S. Richard Roskos, M.D.
ADMIT DATE: 10/09/99

ADMISSION HISTORY
Chart Copy

Evaluation

PART I

(May be completed by QMHP or Physician)

Patient Name Jim Murphy Accompanied By W
 # 456 - 71-2610 Date 10-9-99 Time 11:20A

IDENTIFYING INFORMATION AND CHIEF COMPLAINT

48yr WM - presents with "I can't go on"

HISTORY OF PRESENT ILLNESS

pt reported ↑ depression w/ ↑ hopelessness
 pt reported ↑ SI w/ plan of OD
 pt reported ↓ sleep (4 hrs a night) ↑ nightmares
 pt reported ↓ appetite w/ weight loss
 pt reported ↓ energy - stays in bed all time
 pt reported ↑ dissociative episode - pt black-out for 2 days
 pt reported ↑ irritability - pt reported on of his personality is very aggressive - last week - pt had to be restrained
 pt reported ↑ auditory hallucinations "all of the time"

RECENT/REMOTE STRESSORS: relationship problems, to start a new job next week.

PAST PSYCHIATRIC HISTORY

pt d/c fr Glenn Oaks 10/6 - where LMC Dr. Esteban
 pt inpt at Glenn Oaks for 30 days - Sept 95
 pt reported inpt drug rehas Nov 97-Dec 97 - Oak Haven - Marshall
 pt reported he has been in AA - has a sponsor - must recent 2 mos ago



TIMBERLAWN
 MENTAL HEALTH SYSTEM™

Page 1 of 5

Patient Name

Attending Physician

DR. ROSKOS

Unit

AP-9-1-75

NS/MG

INITIAL EVALUATION

started
at age 10

SUBSTANCE ABUSE HISTORY

Substance	Amount/Route	Duration	Last Use
alcohol	18 pad 3 day	3 day 4-5 yrs	2 month ago

History of Withdrawal tremors, nausea.

Related Medical/Social/Vocational/Legal Problems 2-3 PT's

MEDICAL HISTORY

Serious Illnesses: Pt denied

Past Hospitalizations/Surgeries: Pt reported numerous surgeries - shot in the hand & lung. Pt reported appendectomy - 94, arthroscopic on

Review of Systems: Pt reported as a OK physical [both knee 96]

Immunization Status: Pt reported unknown

Last Dental Examination: Pt reported 1 1/2 mo ago

TB Screen: ☐ Night Sweats ☐ Productive Cough ☐ Exposure ☐ Hx. of Alcohol/Chemical Abuse

MEDICATION HISTORY

Psychiatric			Medical		
Name	Dose/Duration	Last Taken	Name	Dose/Duration	Last Taken
halodol	1 Bmg qh.s	10-9-99	PT denied		
effexor	1 mg qd	10-9-99			
seroquel	100mg q tid	10-8-99			
depacote	250mg tid	10-9-99			

Previous Med Trials ativan, klonopin

Medication Allergies iodine



TIMBERLAWN
MENTAL HEALTH SYSTEM

File #

Attending Physician

MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

INITIAL EVALUATION

PERSONAL SOCIAL HISTORY

Development History: Pt reported normal birth - met developmental milestones.
 WNL: Pt reported living w/ bio parents until age 5. Pt (P) died at age 5. Pt went to foster home.
 Family History, Social Support, Current Living Situation: Pt lives alone. No marriage. Pt has one daughter - 2 yrs old age. Pt SUPPORT: (M)
 Family Psychiatric History: (B) - alcohol - died liver cirrhosis (B) - alcoholic paternal Grandparent - alcohol, paternal (U) - alcoholism
 Vocational History: Pt reported currently unemployed - most recent 7/99
 Educational History: Pt reported graduated 7th h.s.
 Spiritual Orientation: Pt reported "Baptist"
 Cultural Issues: Pt denies
 Legal Issues: Pt - denies
 Physical/Sexual Abuse: Pt reported sexual abuse by adoptive (P) from age 3-6 yrs. s. ☐ Victim ☐ Perpetrator

MENTAL STATUS EXAMINATION

Appearance, Behavior and Speech: Pt appeared presented casually dressed. Pt maintained intermittent

Mood "depressed" Affect restricted

Insomnium

Level of Consciousness: mildly drowsy

Orientation: Person ✓ Place ✓ Time ✓ Situation ✓

Memory: Immediate (digital span) Good

Recent (?/3 objects at 5") 3 1/3 & 5

Remote (e.g., past presidents) Carver, Nixon, Roosevelt, Clinton

Intelligence (estimated by vocabulary, reasoning and insight) average

Thought Process clear

Thought Content (Hallucinations, Delusions, S/H Ideation): Pt reported TST w/ plan of OD. Pt denies current or past HI. Pt reported and halluc. that talk to him. Pt

Pt reported visual halluc. - saw snakes - two ago

Judgement impaired

Abstractions (similarities/proverbs) apple/banana - you peel them dog/table



TIMBERLAWN
MENTAL HEALTH SYSTEM

Patient Name

Attending Physician

MRP 17, JIM

DR. ROSKOS

AP 9-1-75

NS/MG

'Bunk
'leg

PROBLEM LIST/JUSTIFICATION FOR ADMISSION

Risk Assessment: Harm to Self: L Others: : High risk: ✓ Medium Risk Low risk
 History of Suicide Attempts: Pt OD 11/97
 Plan/ Means/ Intent: Pt reported current plan of OD

History of Aggressiveness: Pt reported 7 aggressiveness - has personality that is aggressive - physically
 (check all that are appropriate)

1. ☐ Severe behavioral disturbances, psychopathology or disorganized behavior
2. ☐ Runaway or escape behavior
3. ☐ Assaultive behavior
4. ☒ Impaired reality testing
5. ☒ Diagnostic evaluation, drug therapy or treatment requiring continuous observation
6. ☒ Impaired social, educational, or occupational functioning related to psych diagnosis
7. ☐ Alcohol or chemical addiction, abuse or dependence
8. ☐ Legally mandated involuntary admission

STRENGTHS/ASSETS

(check all that are appropriate)

1. ☒ Ability to provide for ADLS
2. ☒ Effectiveness of support system in and beyond immediate family
3. ☒ Motivation for treatment
4. ☐ Stability and support of employment
5. ☐ Educational attainment and intellectual skills
6. ☐ Insight into and judgement regarding current problem/problems
7. ☐ Range of interests in hobbies, sports, arts, music, reading
8. ☐ Functionality of marriage and family system
9. ☒ Readiness to learn

RECOMMENDATIONS

Inpatient Hospital Unit: AP Dr. P. Perkins
 Partial Hospital Unit: Referred By:
 Outpatient Services Clinic:
☐ Individual ☐ Family/Couples ☐ Group ☐ Med Eval

PRELIMINARY TREATMENT PLAN

1. ☒ Discharge and aftercare planning
2. ☒ Medical consultation and baseline laboratory studies
3. ☒ Stabilize behavior and facilitate rapid diagnosis
4. ☒ Psychopharmacologic evaluation and treatment
5. ☒ Social/Family assessment
6. ☒ Continuous skilled observation and safe environment
7. ☐ Medical detoxification

ESTIMATED LENGTH OF STAY 10-9-99



TIMBERLAWN
 MENTAL HEALTH SYSTEM

Patient Name:
 Attending Physician: AKOS
 Unit: AP 9-1-75
 MR #: NS/MG

INITIAL EVALUATION
PART II

(This section MUST be completed by Physician if Patient is Admitted)

Physicians' brief clinical summary, Formulation and Mental Status Exam (Does not need to be completed if physician completed PART I)

24/10 single w.r. reports a history of
Bipolar II disorder and D.I.D. States he has been
more depressed - expresses SI & plan to D.O.
Reports being over-medicated from medication

PROVISIONAL DIAGNOSIS

- AXIS I 1) Bipolar II disorder, Depressed
2) D.I.D.
3) _____

AXIS II depressedAXIS III 0AXIS IV (specify) moderateAXIS V (current) 30 (highest in past year) 45-50

TERMINATION OF PRELIMINARY EXAMINATION

On basis of preliminary examination, I determine that this patient has the symptoms of mental illness and will benefit from hospitalization and admit such as a (circle one) voluntary / Involuntary patient.

I found the patient to be factually competent ☒ Yes ☐ No

MHP Signature Michael Reddon
(who completed PART I, if other than physician)

Date 10-9-99

Physician Signature [Signature]

Date 10/9/99


TIMBERLAWN
MENTAL HEALTH SYSTEMSM

Patient Name _____

Attending Physician _____

Unit ROSKOSAP 7-1-75MR # MG

INITIAL EVALUATION

Page 1 of 2

VITAL SIGNS:

BLOOD PRESSURE: 124/70
PULSE: 100 regular
RESPIRATIONS: Nonlabored
HEIGHT: 5'9"
WEIGHT: 136 pounds

PRESENT ILLNESS: This is a twenty-four-year-old male, who is admitted for depression. He has no chronic medical problems. His weight is unchanged.

PAST MEDICAL HISTORY: Surgical--gunshot wound left hand 1994 with subsequent operations; gunshot wound right lung 1994; appendectomy 1988. Allergies--iodine.

REVIEW OF SYSTEMS: Head and neck--grinds his teeth and complains of jaw pain. Cardiorespiratory--no chest pain or shortness of breath. GI--no weight loss. GU--negative.

GENERAL: This is a well-developed, well-nourished male in no distress.

HEENT: Head was normocephalic, no signs of trauma. Eyes - sclerae clear, pupils are equal, round and reactive. EOMs intact. Ears - TMs clear. Mouth - Tongue in midline, uvula elevates normally, no lesions seen.

NECK: Supple, no thyromegaly or nodules. Upstrokes are normal.

CHEST: Clear.

HEART: S1 and S2 normal. No murmurs, gallops, or clicks.

ABDOMEN: Benign, soft, nontender, no masses.

EXTREMITIES: No edema, no tremor, pulses intact.

LYMPHATICS: No cervical or axillary adenopathy.



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT/ROOM#: AP
ACCT.#:
ADMIN. DR.: S. Richard Roskos, M.D.
ADMIT DATE: 10/09/99

PHYSICAL EXAM

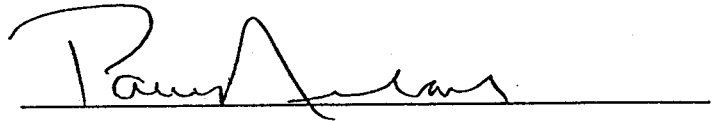
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Page 2 of 2

NEUROLOGICAL: Cranial nerve testing - grossly normal vision, normal extraocular movements, normal muscles of mastication, normal facial symmetry, normal hearing, normal phonation, normal elevation of the uvula, normal trapezius muscle strength, normal tongue movements. Cerebellar testing - Finger-nose-finger normal. Reflex testing is normal, symmetric. No clonus. Hoffmann's absent. Strength testing is normal and gait is normal.

IMPRESSION:

1. Normal exam.



Paul Neubach, MD

Date Dictated: 10/10/99
Date Typed: 10/12/99
Transcriptionist i.d.: pr
Job #: 1266



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM

MR#: 89018

UNIT/ROOM#: AP

ACCT.#:

ADMIN. DR.: S. Richard Roskos, M.D.

ADMIT DATE: 10/09/99

PHYSICAL EXAM

Chart Copy

DEPARTMENT OF HEALTH EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICEALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTHABNORMAL INVOLUNTARY
MOVEMENT SCALE
(AIMS)

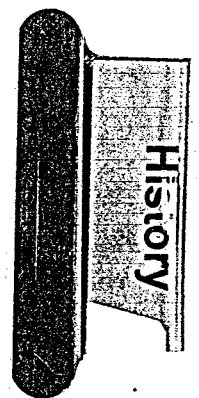
Murphy
M106301 10-9-99
M89018
MURPHY, JIM
DR. ROSKOS
AP 2-1-75
NS / MS

INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings.
MOVEMENT RATINGS: Rate highest severity observed.
Rate movements that occur upon activation one less than those observed spontaneously.

Code: 0 = None
1 = Minimal, may be extreme normal
2 = Mild
3 = Moderate
4 = Severe

		(Circle One)
FACIAL AND ORAL MOVEMENTS:	1. Muscles of Facial Expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	0 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0 1 2 3 4
	3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4
	4. Tongue Rate only increase in movements both in and out of mouth, NOT inability to sustain movement	0 1 2 3 4
EXTREMITY MOVEMENTS:	5. Upper (arms, wrists, hands, fingers) Include choreic movements, (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e. repetitive, regular, rhythmic)	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4
TRUNK MOVEMENTS:	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4
GLOBAL JUDGMENTS:	8. Severity of abnormal movements	None, normal 0 Minimal 1 Mild 2 Moderate 3 Severe 4
	9. Incapacitation due to abnormal movements	None, normal 0 Minimal 1 Mild 2 Moderate 3 Severe 4
	10 Patient's awareness of abnormal movements Rate only patient's report	No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4
	11. Current problems with teeth and/or dentures	No 0 Yes 1
DENTAL STATUS:	12. Does patient usually wear dentures?	No 0 Yes 1

5/3/10 10/5/99



M10601
M89018
MURPHY, JIMTIMBERLAWN MENTAL HEALTH SYSTEM
MEDICAL HISTORY REVIEW QUESTIONNAIRE

NAME: Jedidiah Issac Murphy AGE 24 MARITAL STATUS S
 COMPLETED BY: Leah Ray RELATIONSHIP Friend DATE 10/9/99

CURRENT MEDICAL CARE:

Are you or have you ever been under the care of a physician for any type of medical problem? If so, please explain.

APPENDICITIS
HAND SURGERY
LUNG SURGERY
CHECKUP: KNEE SURGERY (both knees)

Approximate date of your last checkup: 7-10 days Done for: (Circle) Illness Routine, Work, InsuranceName of Doctor: DR. Esterbrook Address: GLEN OAKSIncluded in checkup: (Circle) History, physical, Blood tests, Urine Tests, X-ray, EKG (cardiogram), Pap smearDate of your last tetanus shot: UNKNOWNApproximate date of last dental checkup 2 MONTHS Dentist's Name DR. FREAKER

MEDICATION:

Please list all medications (prescription and non-prescription) that you currently take and dosage, if known:

DEPAKOTE
HALDOL
SERENEL

ALLERGIES:

Please list all medications you are allergic to, including X-ray dye:

iodine

HOSPITALIZATIONS AND SURGERY:

List any and all surgeries (problem/year):

shot - hand/wrist - 96
APPENDICITIS - 94
ORTHOSCOPE - 96

List any other hospitalizations (problem/year):

GLEN OAKS HOSPITAL 99
DID

List any other major illnesses you have had (hepatitis, HIV, etc, include date):

None

WEIGHT:

Now unknown One year ago _____ Have you had a 10 lb. weight change within the last year? _____

ALCOHOL AND TOBACCO:

Do you smoke? yes How much? 1 pack or less How long? 6 yrsDo you drink alcohol? (Circle): Never, Less than one drink daily, 1-2 daily, More than 2 daily NONEHave you ever drunk more heavily than you do now? YES Have you ever taken unprescribed drugs (including "street drugs")? _____

If so, specify: _____

YES

NO

EXPLAIN ALL YES ANSWERS


1. Have you had any fever in the last week?
2. Do you have frequent headaches? If so, describe what they are like.
3. Have you had a recent change in your vision or hearing?
4. Have you ever had numbness, severe muscular weakness?
5. Have you ever had trouble with dizziness?

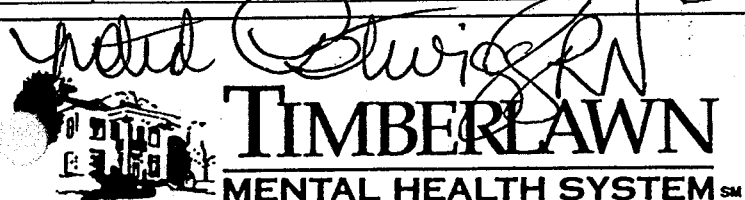
Beaverly Turner
- OVER -

REVIEWED BY M.D.

PHYSICIAN'S ORDERS

Drug Allergies: Iodine

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/>	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS 
0/9/99 12:15 PM	Admit to Dr.: <u>Rebus</u>	Program: <u>AP</u>
	Allergies: <u>iodine</u>	Diet: <u>Regular</u>
	Admission lab as follows: <u>TSH, CBC & Diff. & Plt Count,</u> <u>Basic Metabolic Profile, RPR, Hepatic Panel</u> #4096699-2	
	<input checked="" type="checkbox"/> Other labs: <u>Depakote level</u> #4096699-2	
	Observation Status:	<input checked="" type="checkbox"/> Close Observation <input type="checkbox"/> Suicide Precaution <input type="checkbox"/> Elopement Precaution
	<input checked="" type="checkbox"/> Patient may smoke. Withdrawal from nicotine could interfere with treatment at this time.	
	Medications: ① <u>Seroquel 100-2 po 2 tm, 200-2 po 2 HS</u> ② <u>Depakote 250-2 po 2 tm, 500-2 po 2 HS</u> ③ <u>Effexor 37.5mg po bid</u> ④ <u>Tylenol 650-2 po q 60 prn pain</u> ⑤ <u>140M 30cc po q 40 prn constipation</u> ⑥ <u>Keflex 30cc po q 40 prn infection</u>	
	If Using Admitting Form, Destroy Second White Copy	
	Physician Signature: <u>[Signature]</u> MD	



10-9-99
JIM
04. ROSKOS
AP 9-1-75
MS/AG

PLEASE! USE BALL POINT
PEN ONLY

YELLOW - PHARMACY COPY

Iodine

**DO NOT USE THIS SHEET ————
UNLESS A RED NUMBER SHOWS**

YELLOW - PHARMACY CC

PHYSICIAN'S ORDERS

Drug Allergies:

Date
& Time

Another brand of drug identical in form
and content may be dispensed unless checked ☐

DO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS →

12/25
Do not start yet / RH

Jill Bracken DO
11/14/99 @ 1400

If Using Admitting Form, Destroy Second White Copy

Physician Signature:



TIMBERLAWN
MENTAL HEALTH SYSTEMSM

M106501 10-9-99
M89018
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

PLEASE! USE BALL POINT
PEN ONLY



Specimen #		Control/Reference Number		PAGE #	
136		136		136	
Fasting	Micro Source	Total Ur. Volume	Report Status		
			FINAL		
Date Collected	Time Collected	Date Entered	Date Reported		
11-OCT-99		11-OCT-99	12-OCT-99		
Patient ID Number		Patient Phone Number		Patient SSN	
106501					
Patient Name		Sex	Date of Birth		
MURPHY, JIM		M	11-SEP-1975		
Patient Address					
Comments					
RCE: 24 SPC RCVD: CUR, R, L					

Clinical Information	
Dallas, TX 75228	
G.A.P. 20689-01	
Account 08972-71	
TIMBERLAWN INPATIENT SERVICES	
4600 SAMUELL BLVD.	
DALLAS, TX 75228	
DR. ROSKOS	
[316]	
ROUTE: 08972-57993.003	

Tests Requested: HEPATIC FUNCTION PANEL, COMP. METABOLIC PANEL (137), THYROID PANEL WITH TSH, CBC WITH DIFFERENTIAL/PLATELET, RPR, Valproic Acid, Serum, VENIPUNCTURE.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CHEMISTRY *****					
GLUCOSE		36 LOW	MG/DL	65-115	
RESULTS CONFIRMED BY REPEAT ANALYSIS.					
SLIGHT PRESENCE OF RED BLOOD CELLS IN SPECIMEN.					
RBCs MAY ELEVATE LDH, SGOT, SGPT, POTASSIUM, INORG. PHOS,					
AND DECREASE GLUCOSE.					
BUN	12		MG/DL	5-26	
CREATININE	1.0		MG/DL	0.6-1.5	
BUN/CREAT RATIO	12.0		MG/DL		
SCOT	139		MG/DL	135-148	
POTASSIUM	4.7		MEQ/L	3.5-5.3	
CHLORIDE	99		MEQ/L	96-109	
CARBON DIOXIDE		19 LOW	MEQ/L	20-32	
CREATIN	9.7		MG/DL	8.5-10.6	
TOTAL PROTEIN	7.7		G/DL	6.0-8.5	
ALBUMIN	4.7		G/DL	3.5-5.5	
GLOBULIN	3.0		G/DL	0.5-4.5	
A/G RATIO	1.6			1.2-2.2	
TOTAL BILIRUBIN	0.9		MG/DL	0.1-1.2	
DIRECT BILIRUBIN	0.2		MG/DL	0.0-0.4	
ALK. PHOS	71		U/L	40-150	
SGOT (AST)	23		I.U.	0-45	
SGPT (ALT)		54 HIGH	U/L	0-50	
HEMATOLOGY *****					
WBC	6.1		THOUS/MM3	4.0-10.5	
RBC	4.53		MILL/MM3	4.10-5.60	
HGB	14.9		G/DL	12.5-17.0	
HCT	43.3		%	36.0-50.0	
MCV	95		fL	80.0-98.0	
MCH	32.9		pg	27.0-34.0	
MCHC	34.5		%	32.0-36.0	
NEUTROPHILS	56		%	40-74	
LYMPHOCYTES	29		%	14-46	
MONOCYTES	11		%	4-13	
EOSINOPHILS	4		%	0-7	
BASOPHILS	0		%	0-3	
ABS NEUTROPHILES	3.42		THOUS/MM3	1.90-8.00	
ABS LYMPHOCYTES	1.77		THOUS/MM3	0.90-5.20	
ABS MONOCYTES	0.67		THOUS/MM3	0.30-1.00	
ABS EOSINOPHILS	0.24		THOUS/MM3	0.00-0.80	
PLATELET COUNT	269		THOUS/MM3	140-415	

UNVREP# 2-3 31415L

JULY 1998

7218-2305 - (336) 228-8338

WESLEY BUSINESS FORMS - BUREAU

Urd F - 7 # 185184111

Interdisciplinary Treatment Plan

TREATMENT PLAN FORMULATED BY: Tx TeamDATE: 10-9-99DATE OF ADMISSION: 10-9-99PROGRAM: AP

DIAGNOSES

AXIS I: Bipolar IIDIBAXIS II: DefiantAXIS III: NoneAXIS IV: WidelyAXIS V: 30/60

PATIENT'S ASSETS/STRENGTHS

- ☐ General Fund of Knowledge
☐ Average or Above Intelligence
☐ Supportive Family/Friends
☐ Motivation for Treatment/Growth
☐ Capable of Independent Living
☐ Work Skills
☐ Religious Affiliation

- ☐ Physical Health
☐ Active Sense of Humor
☐ Ability for Insight
☐ Communication
☐ Financial Means
☐ Special Hobby/Interest
☐ Other _____

PATIENT'S STRESSORS/WEAKNESSES

- ☐ Loss (of Whom or What) _____
☐ Legal Issue
☐ Marital or Family Conflict
☐ Financial Difficulties
☐ Traumatic Event
☐ Educational Concerns

- ☐ Substance Abuse
☐ Medication Change or Non-Compliance
☐ Occupational Concerns
☐ Health Problems
☐ Other _____

PROBLEM LIST	TO BE ADDRESSED	DEFERRED	PROBLEM LIST	TO BE ADDRESSED	DEFERRED
1. <u>Depressed - Bipolar</u>	<u>Active</u>		3.		
2.			4.		

TO BE COMPLETED BY TREATMENT TEAM:

DISCHARGE CRITERIA: (as supported by clinical data)

- ☐ Reduction of life-threatening or endangering symptoms to within safe limits
☐ Ability to meet basic life and health needs
☐ Adequate post-discharge living arrangements
☐ Self-care adequate arrangements made
☐ Improved stabilization in mood, thinking and/or behavior
☐ Withdrawal symptoms are absent or sub-acute and managed without 24-hour nursing intervention.
☐ Need for constant or close observation no longer present
☐ Medical problems require only outpatient monitoring or transfer to higher level of care
☐ Verbal commitment to aftercare and medication compliance
☐ Motivation to continue treatment in a less acute level of care
☐ Other _____

PHYSICIAN APPROVAL OF TREATMENT PLAN: PL

PATIENT / FAMILY INVOLVEMENT

This Treatment Plan has been developed and reviewed with the patient and/or family member.

PATIENT SIGNATURE: [Signature]

DATE: _____

RN SIGNATURE: [Signature]DATE: 10-9-99LMSW SIGNATURE: [Signature]DATE: 10/10/99

OTHER: _____

DATE: 10-9-99

TIMBERLAWN
MENTAL HEALTH SYSTEM SM

Interdisciplinary Treatment Plan

Patient Identification: 7015

MURPHY, JIM
 DR. ROSKOS
 AP 9-1-75
 HS/MG

Interdisciplinary Treatment Plan

 PROBLEM: M103504 10-9-99 Bipolar depressed PROBLEM #: 1

MURPHY, JIM

DR. BOSKOS

As manifested by: 7-1-75

NS / MS

SHORT-TERM GOALS:

Date	#	Goals	Target Date	Date Resolved	Intervention	Frequency	Staff Initiating Intervention	Discipline
10 9 99		Pt's mood will stabilize prior to D/C			① Initiate precautions ② meds per order ③ encourage group attendance and participation ④ Teach alternate coping skills			

TIMBERLAWN

MENTAL HEALTH SYSTEM SM

Treatment Plan - Problem Sheet

Patient Identification



TIMBERLAWN MENTAL HEALTH SYSTEM_{SM}

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Jim Murphy, being served at TmHS, on: 10/9/99
 (Facility) (Date)

has received a complete explanation of: Antipsychotics
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check/mark
1) The nature of his/her mental and physical condition.	/
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	/
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	/
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	/
5) A description of the proposed course of treatment with the medication(s).	/
6) The fact that side effects of varying degrees of severity are a risk of all medications.	/
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	/
8) The need to advise staff immediately if any of these side effects occur.	/
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	/
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	/
11) An offer to answer any questions concerning this treatment.	/

I have received a complete explanation of the psychoactive medication(s) by means of:
 (Circle those appropriate)

oral explanation

video presentation

printed material

other

(specify)

(Continued on Back)

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

Patient [Signature] Date 10-12-99

Representative [Signature] Relationship to Patient _____ Date _____

Physician, P.A., R.Ph., RN or LVN Giving Explanation [Signature] Position RN Date 10-12-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN (required within two working days of P.A., R.Ph., RN or LVN giving explanation) [Signature] Date _____

CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

a) Name of one or both parents, if known: _____

b) Name of legally authorized representative of person, if appointed: _____

c) Date on which treatment is to begin: _____ CONSENT GIVEN BY PHONE DATE: _____ TIME: _____

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
(Name of Psychoactive Medication or Medication Group)

Patient Signature _____ Date _____ Witness _____ Date _____

TIMBERLAWN MENTAL HEALTH SYSTEMSM

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Jim Murphy, being served at TMHS, on: 10/9/99
 (Facility) (Date)

has received a complete explanation of:

Antidepressants
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check mark
1) The nature of his/her mental and physical condition.	<input checked="" type="checkbox"/>
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	<input checked="" type="checkbox"/>
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	<input checked="" type="checkbox"/>
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	<input checked="" type="checkbox"/>
5) A description of the proposed course of treatment with the medication(s).	<input checked="" type="checkbox"/>
6) The fact that side effects of varying degrees of severity are a risk of all medications.	<input checked="" type="checkbox"/>
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	<input checked="" type="checkbox"/>
8) The need to advise staff immediately if any of these side effects occur.	<input checked="" type="checkbox"/>
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	<input checked="" type="checkbox"/>
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	<input checked="" type="checkbox"/>
11) An offer to answer any questions concerning this treatment.	<input checked="" type="checkbox"/>

I have received a complete explanation of the psychoactive medication(s) by means of:
 (Circle those appropriate)

oral explanation

video presentation

printed material

other _____
 (specify)

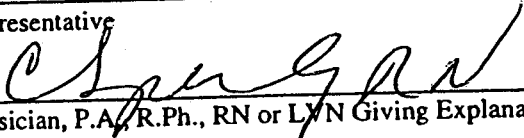
(Continued on Back)

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

Patient  10-12-85
Date

Representative  Relationship to Patient _____ Date 10-12-85
Physician, P.A., R.Ph., RN or LVN Giving Explanation Position _____ Date

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN (required within two working days of P.A., R.Ph., RN or LVN giving explanation) _____ Date _____

CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: _____
- b) Name of legally authorized representative of person, if appointed: _____
- c) Date on which treatment is to begin: _____ **CONSENT GIVEN BY PHONE DATE: _____ TIME: _____**

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
(Name of Psychoactive Medication or Medication Group)

Patient Signature _____ Date _____ Witness _____ Date _____



TIMBERLAWN MENTAL HEALTH SYSTEMSM

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Jim Murphy, being served at Tm+5, on: 10/9/99
 (Facility) (Date)

has received a complete explanation of: mood stabilizers
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check mark
1) The nature of his/her mental and physical condition.	<input checked="" type="checkbox"/>
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	<input checked="" type="checkbox"/>
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	<input checked="" type="checkbox"/>
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	<input checked="" type="checkbox"/>
5) A description of the proposed course of treatment with the medication(s).	<input checked="" type="checkbox"/>
6) The fact that side effects of varying degrees of severity are a risk of all medications.	<input checked="" type="checkbox"/>
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	<input checked="" type="checkbox"/>
8) The need to advise staff immediately if any of these side effects occur.	<input checked="" type="checkbox"/>
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	<input checked="" type="checkbox"/>
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	<input checked="" type="checkbox"/>
11) An offer to answer any questions concerning this treatment.	<input checked="" type="checkbox"/>

I have received a complete explanation of the psychoactive medication(s) by means of:

(Circle those appropriate)

oral explanation

video presentation

printed material

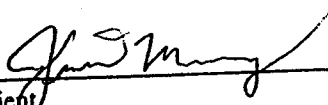
other _____
 (specify)

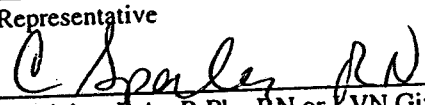
(Continued on Back)

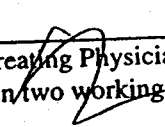
CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.


10-12-95
 Patient _____ Date _____

Representative _____ Relationship to Patient _____ Date _____

10-12-95
 Physician, P.A., R.Ph., RN or LVN Giving Explanation _____ Position _____ Date _____

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN
 (required within two working days of P.A., R.Ph., RN or LVN giving explanation) _____ Date _____


CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: _____
- b) Name of legally authorized representative of person, if appointed: _____
- c) Date on which treatment is to begin: _____ **CONSENT GIVEN BY PHONE DATE: _____ TIME: _____**

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
 (Name of Psychoactive Medication or Medication Group)

Patient Signature _____ Date _____
 Witness _____ Date _____

TIMBERLAWN MENTAL HEALTH SYSTEMSM

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Murphy, Jim, being served at TMHS, on: 10/10/99
 (Facility) (Date)

has received a complete explanation of: At Benzo diaspine
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check mark
1) The nature of his/her mental and physical condition.	<input checked="" type="checkbox"/>
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	<input checked="" type="checkbox"/>
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	<input checked="" type="checkbox"/>
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	<input checked="" type="checkbox"/>
5) A description of the proposed course of treatment with the medication(s).	<input checked="" type="checkbox"/>
6) The fact that side effects of varying degrees of severity are a risk of all medications.	<input checked="" type="checkbox"/>
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	<input checked="" type="checkbox"/>
8) The need to advise staff immediately if any of these side effects occur.	<input checked="" type="checkbox"/>
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	<input checked="" type="checkbox"/>
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	<input checked="" type="checkbox"/>
11) An offer to answer any questions concerning this treatment.	<input checked="" type="checkbox"/>

I have received a complete explanation of the psychoactive medication(s) by means of:
 (Circle those appropriate)

oral explanation

video presentation

printed material

other

(specify)

(Continued on Back)

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

X [Signature] Date 10/10/89
Patient

[Signature] Relationship to Patient Date 10/10/89
Representative
Physician, P.A., R.Ph., RN or LVN Giving Explanation Position Date

[Signature] Date
Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN
(required within two working days of P.A., R.Ph., RN or LVN giving explanation)

CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: _____
- b) Name of legally authorized representative of person, if appointed: _____
- c) Date on which treatment is to begin: _____ **CONSENT GIVEN BY PHONE DATE: _____ TIME: _____**

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
(Name of Psychoactive Medication or Medication Group)

Patient Signature Date

Witness Date

TIMBERLAWN MENTAL HEALTH SYSTEMSM

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Jim Murphy, being served at TMHS, on: 10/12/99
 (Facility) (Date)

has received a complete explanation of: Benzo diazepines
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check mark
1) The nature of his/her mental and physical condition.	<input checked="" type="checkbox"/>
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	<input checked="" type="checkbox"/>
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	<input checked="" type="checkbox"/>
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	<input checked="" type="checkbox"/>
5) A description of the proposed course of treatment with the medication(s).	<input checked="" type="checkbox"/>
6) The fact that side effects of varying degrees of severity are a risk of all medications.	<input checked="" type="checkbox"/>
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	<input checked="" type="checkbox"/>
8) The need to advise staff immediately if any of these side effects occur.	<input checked="" type="checkbox"/>
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	<input checked="" type="checkbox"/>
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	<input checked="" type="checkbox"/>
11) An offer to answer any questions concerning this treatment.	<input checked="" type="checkbox"/>

I have received a complete explanation of the psychoactive medication(s) by means of:

(Circle those appropriate)
☒ oral explanation

☐ video presentation

☐ printed material

☐ other _____
 (specify)

(Continued on Back)

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

[Signature] 10/12/99
Patient Date

Representative Relationship to Patient Date
[Signature] 10/12/99
Physician, P.A., R.Ph., RN or LVN Giving Explanation Position Date

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN Date
(required within two working days of P.A., R.Ph., RN or LVN giving explanation)

CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: _____
- b) Name of legally authorized representative of person, if appointed: _____
- c) Date on which treatment is to begin: _____ CONSENT GIVEN BY PHONE DATE: _____ TIME: _____

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
(Name of Psychoactive Medication or Medication Group)

Patient Signature Date Witness Date

TIMBERLAWN MENTAL HEALTH SYSTEM_{SM}

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

The individual Jim Moody, being served at TMH, on: 10/12/99
 (Facility) (Date)

has received a complete explanation of: Depakene, Depakote, Valproic Acid
 Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate Accomplishment by a check mark
1) The nature of his/her mental and physical condition.	<input checked="" type="checkbox"/>
2) The expected beneficial effects on his/her condition as a result of treatment with the medication (s).	<input type="checkbox"/>
3) The probable health and mental health consequences of not taking medication, including the occurrence, increase or reoccurrence of symptoms of mental illness.	<input checked="" type="checkbox"/>
4) The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	<input checked="" type="checkbox"/>
5) A description of the proposed course of treatment with the medication(s).	<input checked="" type="checkbox"/>
6) The fact that side effects of varying degrees of severity are a risk of all medications.	<input checked="" type="checkbox"/>
7) The relevant side effects of the medication(s) being prescribed are explained, including: (A) any side effects which are known to frequently occur in most individuals; (B) any side effects to which the individual may be predisposed; and (C) the nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.	<input checked="" type="checkbox"/>
8) The need to advise staff immediately if any of these side effects occur.	<input checked="" type="checkbox"/>
9) An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	<input checked="" type="checkbox"/>
10) A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	<input checked="" type="checkbox"/>
11) An offer to answer any questions concerning this treatment.	<input checked="" type="checkbox"/>

I have received a complete explanation of the psychoactive medication(s) by means of:
 (Circle those appropriate)
☒ oral explanation video presentation printed material other _____
 (specify)

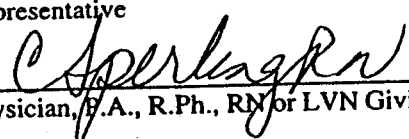
(Continued on Back)

CONSENT TO TREATMENT WITH PSYCHOACTIVE MEDICATION

I have also received the Consent to Treatment with Psychoactive Medication information Sheet (MHRS 9-7.1) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

Patient  Date 10-12-99

Representative  Relationship to Patient _____ Date 10-12-99
 Physician, P.A., R.Ph., RN or LVN Giving Explanation _____ Position _____ Date _____

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN _____ Date _____
 (required within two working days of P.A., R.Ph., RN or LVN giving explanation)

CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: _____
- b) Name of legally authorized representative of person, if appointed: _____
- c) Date on which treatment is to begin: _____ CONSENT GIVEN BY PHONE DATE: _____ TIME: _____

WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for _____
 (Name of Psychoactive Medication or Medication Group)

Patient Signature _____ Date _____ Witness _____ Date _____

1. Current living situation and assessment of home environment:

It says he was brought alone in a family home but
dropped it when an "alter" came out.

2. Present family constellation, family dynamics, and family relationships:

PT has 2 yr. old girl
Died when PT was 5 y.o. c ex-girlfriend
Living - lives in Seagoville.
Friendship relationship. Adopted 1st time age 8; didn't last because
Biol M abandoned he and older brother and younger
sister at age 5. Adopted age 10 but hasn't talked c them
in 5 yrs. PT says BTDH ruined that relationship so that
the adopted parents almost drowned the PT. PT reports being
close to brother and sister but
only sees every so often

3. Marital History:

Single Never Married

4. Family of origin and childhood history:

PT spent 8 years at an orphanage.
PT said childhood sucked. He attached c someone
then they would.

5. Social, peer-group, and environmental setting from which the patient comes:

PT has Friends From AA. PT reports he makes
friends pretty easily.

TIMBERLAWN
MENTAL
HEALTH
SYSTEM

Psychosocial Assessment - Adult

Patient Identification

6. Social, ethnic, cultural factors:

PT reports being Italian.

7. Health and emotional factors:

PT says he ended a long-term relationship
w/ girlfriend about 6 mos ago

8. Leisure, recreation, and hobbies:

PT likes golf and playing drums

9. Religious and spiritual orientation and attendance:

PT reports Baptist

10. Military service history:

PT denies

11. Financial status:

PT says shattered

12. Sexual history and orientation:

PT says heterosexual

13. Abuse history (physical, sexual, emotional, neglect) either as abused or abuser:

PT says he was sexually abused by 1st adopted family. PT says 1st
adopt family was also physically and mentally abusive.

14. Work history and present job status:

PT works as a welder. PT makes
himself available at various job sites.

15. Legal status (arrests, DWIs, probation, charges pending):

PT is on probation for violence
ble of alter personality.TIMBERLAWN
MENTAL
HEALTH
SYSTEM

Psychosocial Assessment - Adult

Patient Identification

16. Discharge Plan:

- A. Where will patient live upon discharge? PT going to brother's house in Kenton
- B. Is this patient under the care of a psychiatrist? ☒ If so, contact them and write their comments: _____
- C. Is this patient under the care of a therapist? ☒ If so, contact them and write their comments: _____
- D. High risk patient or family psychosocial issues requiring immediate attention: PT feels he has no emotions.
- E. Barriers to discharge including previous issues requiring immediate attention: active
PT has no transportation to get to therapy
- F. Referrals needed for after discharge: little support system from family
continue to seek good psychiatrist/therapist

18. Strengths and Resources:

PT reports strong will and inner power
PT has a good sponsor CAA. PT calls him a father figure.

19. Diagnostic Summary:

Summarize all assessments:

During Assessment reports pt wants to come out normal. PT reported strengths are his young age and physical age. PT has been off PT & TOL for 2 yrs after drinking an 18 pack per day. Initial Evaluation reports pt has a history of Bipolar II Disorder and DID.

20. What will the social service staff (case managers, therapist, social workers, etc.) provide for this patient and family while in TMHS, including treatment interventions?

Group therapy, individual/c planning

Richard Cameron Int
Social Service Staff

LMSW Signature

10-11-99
Date10/11/99
Date

TIMBERLAWN
MENTAL
HEALTH
SYSTEM

Psychosocial Assessment - Adult

Patient Identification

FUNCTIONAL ASSESSMENT

General Behavior	minimal	moderate	disabled	severe dysfunction
appearance / Grooming	appropriate appropriate	adequate hygiene / poor dress	poor hygiene / poor dress uncooperative	severely disheveled
attitude towards hospitalization	motivated	indifferent		hostile / involuntary
affect	full range independent	blunted / flat indecisive / requires moderate support	not congruent impulsive / apathetic	labile / hostile totally dependent / poor judgment
decision making / problem solving	passive needs support	difficulty identifying feelings unable to identify positive outlets frequent direction required	passive aggressive / hypervertical destructive	aggressive / withdrawn suicidal / homicidal
socialization skills	Constructive outlets			unable to focus on task
Coping Skills	able to focus for duration of task verbalizes and adapts	devaluing self / others	easily distracted / preoccupied abandons task	destructive
Attention span / concentration	occasionally incongruent	intermittently confused	requires frequent reorientation	psychotic / severely confused
Frustration tolerance	partially recognizes own problems	recognizes own problems when confronted	displaces responsibility / in denial	unable to acknowledge own problems
Memory / orientation	Oriented x 4 acknowledges own problems	self deprecating / rejecting	worthlessness / grandiosity	self destructive
Insight	acknowledges strengths and skills	interests but involved sporadically lacks initiative / lacks motivation	interests but not currently involved requires positive education and direction	no current interests or involvement totally dependent
Self worth	varied interests / regularly involved independent			
Leisure skills				
Independent living skills / vocational skills				

Comments: Pt. said this assessment is irrelevant because he's leaving today.

Signature:

Sanishu Pajon, R.T.S. / R. Stenard, C.T.S. Date: 10-12-99

addressograph

Murphy, Jm
m106501

5/99

TIMBERLAWN
MENTAL
HEALTH
SYSTEM

Functional Assessment

SELF ASSESSMENT

Jim

Murphy

Date: 10-12-99

INSTRUCTIONS: The following is a list of activities. Please circle the letter that is appropriate for you.

- Circle F (frequently) For those activities you participate in regularly, daily, every other day, when in season, etc.)
 Circle S (sometimes) For those activities you have experienced but not on a regular basis
 Circle I (interested) For those activities you would like to learn to do or are interested in
 Circle P (past) For those activities you used to enjoy but no longer participate in.

SIP - Painting	FSIP - Rock climbing	FSIP - Board games	FSIP - Dancing
SIP - Drawing	FSIP - Snow skiing	FSIP - Horseshoes	FSIP - Singing
SIP - Leather crafts	FSIP - Water-skiing	FSIP - Play pool	FSIP - Writing music
SIP - Woodworking	FSIP - Motorcycle riding	FSIP - Ping-Pong	FSIP - Playing instrument
SIP - Pottery / ceramics	FSIP - Clubs	FSIP - Miniature golf	FSIP - Listening to music
SIP - Flower arranging	FSIP - Health club	FSIP - Croquet	FSIP - Concerts
SIP - Home Decorating	FSIP - Rec Center/YMCA	FSIP - Bingo	FSIP - Choir
SIP - Cake decorating	FSIP - cultural events (plays, ballet, museums)	FSIP - Weight lifting	FSIP - Houseplants
SIP - Sculpting	FSIP - Church activities	FSIP - Swimming	FSIP - Cooking/baking
SIP - Fabric art	FSIP - Movies	FSIP - Bicycles	FSIP - Travel
SIP - Photography	FSIP - Volunteer work	FSIP - Tennis	FSIP - Home repair
SIP - Sewing/needle work	FSIP - Library	FSIP - Racquetball/squash	FSIP - Auto mechanics
SIP - Knitting/crocheting	FSIP - Senior Citizen Center	FSIP - Aerobics	FSIP - Pets
SIP - Writing/poetry	FSIP - Watching sports	FSIP - Volleyball	FSIP - Collecting items
SIP - Reading	FSIP - Playing sports	FSIP - Softball / baseball	FSIP - watching TV
SIP - Picnics	FSIP - Eating out	FSIP - Basketball	FSIP - Computers
SIP - Yardwork	FSIP - Shopping	FSIP - Golf	FSIP - Other
SIP - Gardening	FSIP - Playing cards	FSIP - Jogging/running	FSIP - Other
SIP - Fishing	FSIP - Jigsaw puzzles	FSIP - Skating/rollerblading	FSIP - Other
SIP - Tent camping	FSIP - Crossword puzzles	FSIP - Skate boarding	FSIP - Other
SIP - Hiking	FSIP - Badminton	FSIP - Bowling	FSIP - Other
SIP - Horseback riding		FSIP - Hockey	FSIP - Other

Comments

Program not for me!

TIMBERLAWN
 MENTAL
 HEALTH
 SYSTEM

Functional Assessment

addressograph

Murphy, Jim

M106507

NUTRITIONAL RISK ASSESSMENT

**If score is 10 points or greater, notify dietitian for Dietary consult; problem will appear on the Treatment Plan problem list if appropriate.

PARAMETERS	RISK POINTS	SCORE
Height <u>5'9"</u> Weight <u>136</u>	NA	<u>0</u>
Food Allergies	NA	
Patient is age 65 or greater	5	
(Circle all that apply to patient) HIV, AIDS, ANOREXIA, BULIMIA, CANCER, CARDIOVASCULAR DISEASE, STROKE, CROHN'S DISEASE, COLITIS, MALABSORPTION, DECUBITUS, LIVER DISEASE, RENAL DISEASE, DIABETES	Each is worth 10 points	
Gain or loss of 10 or more pounds in the last 6 months without trying	5	
Special Diet (Circle all that apply to patient) LOW FAT, LOW CHOLESTEROL, DIABETIC, LOW SODIUM, VEGETARIAN, NO MILK/DAIRY, OTHER (specify) _____	5 (confirm that appropriate special diet has been ordered)	
Possible drug and food interaction (Circle all that apply to patient): ANTABUSE, FLAGYL, LITHIUM, MAO INHIBITORS, TETRACYCLINE	Each is worth 10 points	
Lab results not within normal limits if available on admit. (Circle all that apply to patient): GLUCOSE, HGB, HCT, CHOL, TRIG	Each is worth 5 points	
Reports trouble Swallowing or Chewing (no teeth)	Either is worth 5 points	
Cultural or Religious Preferences	5 (confirm that appropriate diet has been ordered)	
TOTAL RISK POINTS =		<u>0</u>

Additional Information: _____

Signature Sturgis R

Date 10-9-99

Time 1900



TIMBERLAWN
MENTAL HEALTH SYSTEM SM

10-9-99
Patient Name JIM
DR. ROSKOS
Attending Physician NS / MG

Unit/Rm # _____

MR # _____

NUTRITIONAL RISK ASSESSMENT

TIMBERLAWN MENTAL HEALTH SYSTEMSM

Admission Nursing Assessment

IDENTIFYING INFORMATION:

Patient's Name: Tim Murphy
 Date: 10-9-99 Time of arrival to unit: 10-9-99

2. MODE OF TRANSPORTATION TO UNIT:

Ambulatory ☒ W/C ☐
 Stretcher ☐ M ☐ Other:

3. SIGNED & IN CHART:

Patient's Rights ☒
 Release of Responsibility Form ☒

4. PHYSICAL/MEDICAL INFORMATION:

A.T. 97.3 P. 80 R. 18
 B/P 118/76 Ht. 5'9" Wt. 136

Recent weight gain pt states unknown
 Recent weight loss

B. Last Menstrual Period: N/A

C. Last Tetanus Injection: unknown

D. Last Tuberculosis Test: 3 yrs ago

E. Allergies/Type of Reaction:
 (Food/Drug) Iodine, Loritane

F. Disposition of Meds Brought In:

Pharmacy ☒ To Family ☐

☐ Other:

G. Current Medication:

MED DOSE/RT/TIME LAST DOSE

Haldol 5mg PO QHS 10-9-99
Effexor 350 PO Qday 10-9-99
SEROQUEL 100mg PO TID 10-8-99
Depakote 250mg PO TID 10-9-99

H. Substance Abuse History:

Alcohol/Drug used	How much	How often	How long	Last use	Drug route
ETOH	18 PK	Qday	4-5 yrs	2 mos ago	PO

Alcohol in the home? Yes ☐ No ☒

Drugs in the home? Yes ☐ No ☒

History of IV Drug use? Yes ☐ No ☒

Additional Info/Notes 4x IV Drug ago in 1994

5. PHYSIOLOGICAL SYSTEMS: HX & REVIEW (Biophysical)

	Y	N
A. Neurological:		
Speech Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Weaknesses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seizures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Respiratory:		
Shortness of Breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Productive Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hx Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tobacco Usage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Cardiovascular:		
Chest Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dizziness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dyspnea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pain/Edema of:		
feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
legs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
hands	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Gastrointestinal:		
Dietary Restrictions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eating Difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recent Elimination Changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Urinary:		
Urinary Tract Disturbance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recent Elimination Changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. Dermatological (skin):		
Easy Bruising	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lesions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Discharges	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cuts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Difficulty Healing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Muscular/Skeletal:		
Joint Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limits on Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Problem with Gait	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe (Include any special environmental needs):
 i.e.: Hospital bed, crutches, wheelchair, etc.

wears contacts continuously
Had seizure when took
Loritane
HA OCCasional
Shot in lung 1996 - no residual
problems
 Amount 1 ppd byrs
Dizzy during panic attacks
Shot in hand 1996
orthroscopic surgery both knees 19
Plate in (L) hand
hand nump

H. Additional Information:

Knees dislocated in 1996 durin

6. FALL RISK ASSESSMENT:

IF SCORE > 15 MUST BE ADDRESSED ON PROBLEM LIST

PARAMETERS:	RISK POINTS	SCORE
A. Recent Hx of Syncope/Seizure Disorder	15	0
B. Recent Hx of Falls	15	0
C. Unstable Gait/Balance	15	0
D. Use of Orthopedic Devices (Walker, Cane, Crutches)	10	0
E. Sedation/Psychotropic Meds.	10	0
F. Intoxicated - Drug or Alcohol Withdrawal	10	0
G. Postural Hypotension	10	0
H. Poor Eyesight/Hearing Impairment/Sensory Deficit	5	0
I. Age 65 or older	5	0

FINAL RISK ASSESSMENT

0

7. NEEDS HOSPITAL BED: Yes ☐ No ☒**8. PSYCHOSOCIAL HISTORY:**A. Living Arrangements: Lives alone. Never married. lives in house which is paid forB. Family Relationships: Died when pt 5 yrs old. (M) living. relationship good. (S) good relationshipC. Peer Relationships: good support**9. PSYCHOSOCIAL ASSESSMENT:****A. Response to Hospitalization:**Acknowledges Need ☐ Denies Needs ☐
Guarded ☐ Cooperative ☐ Uncooperative ☐**B. Activities of Daily Living:**Independent in ADL ☒
Needs Assist w/:
Mobility ☐ Feeding ☐
Dressing ☐ Hygiene ☐

Comment: _____

C. Assets/Strengths:

(i.e. strong family support, realistic goals, willing to work, insight, coping mechanisms, spiritual values)

Young age
physical age**D. Goal for Hospitalization:**"Come out normal"**10. ANTICIPATED PATIENT/FAMILY EDUCATIONAL NEEDS:**

(i.e. Medication teaching, referrals, support groups, etc.)

med teaching**11. DISCHARGE PLANNING NEEDS:**

A. Do you plan to go back to your home after discharge?

Yes ☒ No ☐

Comments: _____

B. Anticipated discharge needs

(Equipment, supplies, school)

Comments: _____

C. Anticipated Agencies/Programs/Groups for follow-up

Comments: med follow up
individual therapy
family therapy**ADDITIONAL NOTES:**Numerous hospitalizations
Glen Oaks - D/C 10/6/99
Glen Oaks 30 day inpatient 1/99Gunshot wound to lung
& hand from attempted
robbery where pt was victimsurgery to knees 2° to MVAStates medications make him
lethargic approx 1 1/2° p
taking am dose

Signature - R.N.:

Beverly Turgott

Date:

10/9/99

Time:

(ADDRESSOGRAPH)



ADMISSION AND WELCOME PROCEDURE CHECK SHEET

Note to staff: Keep in mind as you introduce yourself to the new admit, that the patient is walking into a strange new place. That he/she is alone and the door to the unit closes and locks, separating him/her from the world and family. It is easy for the patient to feel that all freedom is gone and all that is left is the mercy and kindness of staff. A gentle and kind manner is never inappropriate when interacting with the patient. Explain each part of the procedure before doing it. Give the patient time to ask questions as you work.

Notify nurse immediately of any unusual findings.

1. Place all of patient's belongings in the nurse's station to be checked in.
2. Escort patient to the privacy of the doctor's physical examination room.
3. Take two close-up photographs of patient on arrival to unit and write name at bottom.

4. T 97.3 P 80 R 18 B/P 118/76 WT 136 HT 5'9"

Date of last menses _____

Note 5a & 5b must be performed by staff same gender as patient.

5a. Ask patient to disrobe and put on a hospital gown/pajamas. Check patient for drugs, sharps, or any other inappropriate objects that are not allowed in a patient's area. Ask patient if he has any sharp or dangerous items.

5b. Check patient for bruises, abrasions, scars, and birth marks. Describe and record.
Ask patient how he/she got them.

Scars: Gun shot wound on Rt side of Ribs. Gun shot wound left leg. Tattoo on back. Appendicitis Scar

6. Allow patient to redress in his/her own clothing and escort patient all around the unit. Taking the patient first to his/her bedroom that has been previously assigned by nursing staff. Orient to room (Bath, closet, drawers, cabinets, the intercom, the phone jack) and introduce to roommate. To further orient patient, walk through the unit pointing out lounges, kitchen, nurse's station, smoking room, etc.

7. Give Patient Handbook, Unit Policy Book and schedule to patient. Read with patient the major items of the book, i.e., times meals are served, sleep hours, T.V. and stereo hours, money privileges, phone and visit privileges.

Murphy, Jim

~~Detmold, John~~

TIMBERLAWN MENTAL HEALTH SYSTEM

Nursing Service Department

ADMISSION PROCEDURE SHEET

DATE/TIME	INITIAL
10-9-99	
10-9-99	
10-9-99	
10-9-99 1840	RJ
10-9-99	RE Outside via door JH
10-9-99 1840	RE JH
10-9-99 1845	JH

8. Explain to patient about times and place of physical examination. Need for NPO at MN for early AM Lab work.

9. Check patient belongings **THOROUGHLY** for drugs, sharps, or any other inappropriate objects that are not allowed in a patient area. Include checking linings of baggage and clothing, cuffs, socks, containers, books, magazines, etc. Ask for assistance if uncertain of appropriateness of any item. Give all medications and drugs to a nurse.

10. List all **MEDICATION** brought to the unit and record final disposition.

Medication	Disposition
1. Effexor XR 150mg	pharmacy
2. Haloperidol 5mg	↓
3. Depakote 250mg	↓
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

11. List all **VALUABLES** brought to the unit and record final disposition.
(Include eye glasses, contacts, dentures, wheelchairs, walkers, and equipment)

Valuables	Disposition
1. Gold plated far ring	patient
2. kept on patients car.	kept
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

12. Have RN initial review of all findings.

13. Place name tag on name plate next to patient's room door.

14. Patient has been given I.D. number.

15. Patient has been given patient's advocate information.

16. Check back in an hour to see how patient is doing, and give assistance if needed.
Introduce patient to other staff members when able.

DATE/TIME	INITIAL
10-9-99	AM
10-9-99	RA / CHS
10-9-99	RA
10-9-99	RA
10-9-99	RA

Star Angel Rinker M.D.
Bessie Rinker
Beverly Rinker
INITIAL IDENTIFICATION

IMBERLAWN MENTAL HEALTH SYSTEM
MULTIDISCIPLINARY PROGRESS NOTES

Date &
Time

Discipline

9/9/99 0300	NSG	Admit 24 year old pt to service of Dr. Roskos on voluntary basis from home. Pt has 2 recent hospitalizations. Pt reports allergy to iodine. <i>B. Blum RN</i>
10/10/99	MD	24 yo WM c complex 4 hx. who presents c depressed mood, ↓ sleep, ↓ app. ↓ energy, ↓ conc. guilt & worthlessness, & ideation. 1/4 A/ halluc. (whispering voices talking to themselves). Also 1/4 frequent switching. Phx - 1 hosp stay within past few months Medtx: None MSE - cooperative, speech fluent, Mood "depressed" Affect. full range, Alert, OX4 1/3 at 5" 1/4 A/ halluc & ideation, plan to OD A/P (1) Mood/Psychosis - ↑ Effexor, A Serenquel, DepzKote timing as per pt. request. Cont SPs & structured milieu.
10/10/99	NSG	<i>Why is</i> Pt has a hx of depression, flat affect. I) Pt encouraged to attend groups, Pt stated that he felt a need to be in a TP group because he had someone that would want that group to it - so talk to MD - R. Blum

MULTIDISCIPLINARY PROGRESS NOTES

AT-Activity Therapy
M.D.-Physician
SW-Social Work
NSG-Nursing

EXT-Extern
PSY-Psychologist
SAC-Sub. Abuse
Counselor
OTH-Other, please
identify discipline

ADDRESSOGRAPH

10-9-99

R-7713
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

ate & Discipline

10/25 and Ppt. reports he DID + Binger. - ...
He states he is leaving town - no better ready
to be seized. Has been seized by Lake Park
States that Binger is important. I
will go to Simpson Bay in 100 yd
↑ Signal on 300 yd + 100 yd
Roxbury 1.0 yd til

10/11/99 nos Ppt. guilty about mileau, expect road/Blister
ambulance slowly. I) monitor for safety.
R) Safety contact. Binger, AS

MULTIDISCIPLINARY PROGRESS NOTES

AT-Activity Therapy
M.D.-Physician
SW-Social Work
NSG-Nursing

EXT-Extern
PSY-Psychologist
SAC-Sub. Abuse
Counselor
OTH-Other, please
identify discipline

ADDRESSOGRAPH

10-9-99
JIM
DR. ROSKOS
AP 9-1-75
NS/MG

TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date &
Time

Discipline

10/9/99 457. PT states he is not to leave
 today. He will follow up with a therapist
 on Tuesday a target

AK

MULTIDISCIPLINARY PROGRESS NOTES

AT-Activity Therapy
 M.D.-Physician
 SW-Social Work
 NSG-Nursing

EXT-Extern
 PSY-Psychologist
 SAC-Sub. Abuse
 Counselor
 OTH-Other, please
 identify discipline

ADDRESSOGRAPH

R106501 10-9-99
 NS2018
 MURPHY, JIM
 DR. ROSKOS
 AD 9-1-75
 NS/NG



PATIENT NAME: Tim MurphyDATE: 10/10/99

Case 3:10-cv-00163-N Document 42-15 Filed 05/05/10 Page 55 of 533 PageID 11575

TYPE OF GROUP: ProcessTIME: 10:30-12FACILITATOR: J. Town, PhD

FOCUS OF PT. WORK

ACTIVE PRESENTATION: PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

Affect modulation
Impulse Control
Suicide Prevention
Stress Management
Reality Testing
Confrontation
Processing feelings
Education
Relapse Prevention
Cognitive Therapy
Discharge Planning

Flat Blunted Bright
Labile Angry Euphoric
Depressed Lethargic
Anxious Incongruent

Sharing Supportive
Intrusive Resistant
Drowsy Attentive
Attempts to monopolize

Self harm impulse
Angry Outburst
Hopelessness
Hostility/Irritability
Poor Hygiene
Hypersomnolent
Homicidal Ideation
Victimization
Peer/Family conflict
Sexual acting out
Insomnia

Suicidality
Worthlessness
Paranoid
Threats
Agitated

Tremors
Tearful

COGNITIVE PRESENTATION:

Tangential Disoriented
Loose Associations Hallucinations A/V
Distorted thinking Congruent
Illogical
Delusional

PROBLEM NUMBER: 1 NOTES:

Pt. will express feeling R/T issues affecting treatment for mental illness - Pt. remained silent x 30-35 min. Pt. then began to offer his thoughts on internal concern. Pt. appeared concerned for himself re: dx of DID. Pt. seemed knowledgeable on subject understanding its complexities. Pt. listened well & offered insightful comments. Pt. was extremely positive.

SIGNATURE: M. Brown, PhDTYPE OF GROUP: ProcessTIME: 2:00/3:00FACILITATOR: N. Wonne Brown, MA

FOCUS OF PT. WORK

AFFECTIVE PRESENTATION:

PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

Affect modulation
Impulse Control
Suicide Prevention
Stress Management
Reality Testing
Confrontation
Processing feelings
Education
Relapse Prevention
Cognitive Therapy
Discharge Planning

Flat Blunted Bright
Labile Angry Euphoric
Depressed Lethargic
Anxious Incongruent

Sharing Supportive
Intrusive Resistant
Drowsy Attentive
Attempts to monopolize

Self harm impulse
Angry Outburst
Hopelessness
Hostility/Irritability
Poor Hygiene
Hypersomnolent
Homicidal Ideation
Victimization
Peer/Family conflict
Sexual acting out
Insomnia

Suicidality
Worthlessness
Paranoid
Threats
Agitated

Tremors
Tearful

COGNITIVE PRESENTATION:

Tangential Disoriented
Loose Associations Hallucinations A/V
Distorted thinking Congruent
Illogical Hallucinations A/V
Delusional

PROBLEM NUMBER: 1 NOTES:

NOTES:

Pt. participated in group which focused on life wheel, forming goals/objectives and affirmations based on deficiencies. Pt. had clear goals and he shared with group. Pt. appeared to have gained and states he is eager to apply this.

SIGNATURE: N. Wonne Brown, MA

Case Management Notes:

TIMBERLAWN MENTAL HEALTH SYSTEM

Group Therapy Progress Note

patient identification

MURPHY, TIM

DR. DROSKODSKOS

AP 1-97-51-75

NS/MGS/MG

PATIENT NAME: JimDATE: 10-10-99TYPE OF GROUP: SessionTIME: 1400FACILITATOR: CB

FOCUS OF PT. WORK

ACTIVE PRESENTATION: PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

☐ Affect modulation
☐ Impulse Control
☐ Suicide Prevention
☐ Stress Management
☐ Reality Testing
☐ Confrontation
☐ Processing feelings
☐ Education
☐ Relapse Prevention
☐ Cognitive Therapy
☐ Discharge Planning

☐ Flat ☐ Blunted ☐ Bright
☐ Labile ☐ Angry ☐ Euphoric
☐ Depressed ☐ Lethargic
☐ Anxious ☐ Incongruent

☐ Sharing ☐ Supportive
☐ Intrusive ☐ Resistive
☐ Drowsy ☐ Attentive
☐ Attempts to monopolize

☐ Self harm impulse
☐ Angry Outburst
☐ Hopelessness
☐ Hostility/irritability
☐ Poor Hygiene
☐ Hypersomnolent
☐ Homicidal Ideation
☐ Victimization
☐ Peer/Family conflict
☐ Sexual acting out
☐ Insomnia

☐ Suicidality
☐ Worthlessness
☐ Paranoid
☐ Threats
☐ Agitated

COGNITIVE PRESENTATION:

☐ Tangential ☐ Disoriented
☐ Loose Associations ☐ Hallucinations A/V
☐ Distorted thinking ☐ Congruent
☐ Illogical
☐ Delusional

PROBLEM NUMBER:

NOTES:

Depressed, focused on future awareness, teamwork
 & socialization by playing Dictionary. Pt. was a good
 team member & seemed to enjoy the game.

SIGNATURE: CBush, DR

TYPE OF GROUP:

TIME:

FACILITATOR:

FOCUS OF PT. WORK

AFFECTIVE PRESENTATION:

PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

☐ Affect modulation
☐ Impulse Control
☐ Suicide Prevention
☐ Stress Management
☐ Reality Testing
☐ Confrontation
☐ Processing feelings
☐ Education
☐ Relapse Prevention
☐ Cognitive Therapy
☐ Discharge Planning

☐ Flat ☐ Blunted ☐ Bright
☐ Labile ☐ Angry ☐ Euphoric
☐ Depressed ☐ Lethargic
☐ Anxious ☐ Incongruent

☐ Sharing ☐ Supportive
☐ Intrusive ☐ Resistive
☐ Drowsy ☐ Attentive
☐ Attempts to monopolize

☐ Self harm impulse
☐ Angry Outburst
☐ Hopelessness
☐ Hostility/irritability
☐ Poor Hygiene
☐ Hypersomnolent
☐ Homicidal Ideation
☐ Victimization
☐ Peer/Family conflict
☐ Sexual acting out
☐ Insomnia

☐ Suicidality
☐ Worthlessness
☐ Paranoid
☐ Threats
☐ Agitated

COGNITIVE PRESENTATION:

☐ Tangential ☐ Disoriented
☐ Loose Associations ☐ Hallucinations A/V
☐ Distorted thinking ☐ Congruent
☐ Illogical ☐ Hallucinations A/V
☐ Delusional

PROBLEM NUMBER:

NOTES:

SIGNATURE:

Case Management Notes:

TIMBERLAWN
 MENTAL HEALTH
 SYSTEM

Group Therapy Progress Note

patient identification

10-7013
 MURPHY, JIM
 DR. ROSKOS
 AP 9-1-75
 NS/MG

PATIENT NAME: Jim MurphyDATE: 2/4/99

Case 3:10-cv-00163-N Document 42-15 Filed 05/05/10 Page 57 of 533 PageID 11577

TYPE OF GROUP: GoalsTIME: 10:15FACILITATOR: Laney

FOCUS OF PT. WORK

ACTIVE PRESENTATION: PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

Affect modulation

☐ Flat ☐ Blunted ☐ Bright☐ Sharing ☐ Supportive☐ Self harm impulse☐ Suicidality

Impulse Control

☐ Labile ☐ Angry ☐ Euphoric☐ Intrusive ☐ Resistive☐ Angry Outburst☐ Worthlessness

Suicide Prevention

☐ Depressed ☐ Lethargic☐ Drowsy ☐ Attentive☐ Hopelessness☐ Paranoid

Stress Management

☐ Anxious ☐ Incongruent☐ Attempts to monopolize☐ Hostility/irritability☐ Threats

Reality Testing

☐ Poor Hygiene☐ Agitated

Confrontation

COGNITIVE PRESENTATION:

Processing feelings

☐ Tangential☐ Disoriented

Education

☐ Loose Associations☐ Hallucinations A/V

Relapse Prevention

☐ Distorted thinking ☐ Congruent

Cognitive Therapy

☐ Illogical

Discharge Planning

☐ Delusional☐ Hypersomnolent☐ Homicidal Ideation☐ Tremors☐ Victimization☐ Tearful☐ Peer/Family conflict☐ Sexual acting out☐ Insomnia

PROBLEM NUMBER:

NOTES:

Group focusing on problem-solving and goal setting within the therapeutic setting. Pt. stated that his goal was to get his meds regulated.

SIGNATURE: [Signature]TYPE OF GROUP: Loss + GriefTIME: 1:00FACILITATOR: Ted Graesser

FOCUS OF PT. WORK

AFFECTIVE PRESENTATION:

PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

Affect modulation

☐ Flat ☐ Blunted ☐ Bright☐ Sharing ☐ Supportive☐ Self harm impulse☐ Suicidality

Impulse Control

☐ Labile ☐ Angry ☐ Euphoric☐ Intrusive ☐ Resistive☐ Angry Outburst☐ Worthlessness

Suicide Prevention

☐ Depressed ☐ Lethargic☐ Drowsy ☐ Attentive☐ Hopelessness☐ Paranoid

Stress Management

☐ Anxious ☐ Incongruent☐ Attempts to monopolize☐ Hostility/irritability☐ Threats

Reality Testing

☐ Poor Hygiene☐ Agitated

Confrontation

COGNITIVE PRESENTATION:

Processing feelings

☐ Tangential☐ Disoriented

Education

☐ Loose Associations☐ Hallucinations A/V

Relapse Prevention

☐ Distorted thinking ☐ Congruent

Cognitive Therapy

☐ Illogical

Discharge Planning

☐ Delusional☐ Hypersomnolent☐ Homicidal Ideation☐ Tremors☐ Victimization☐ Tearful☐ Peer/Family conflict☐ Sexual acting out☐ Insomnia

PROBLEM NUMBER:

NOTES:

Educational group discussing types of losses, feelings, carriers, steps and tools for recovery from grief/loss. Handouts given. It discussed ways to feel less guilty.

SIGNATURE: [Signature]

Stress Management Notes:

TIMBERLAWN MENTAL HEALTH SYSTEM

Group Therapy Progress Note

patient identification

10-9-99

MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

10-10-99 - wk 2 (Page 1 of 1)

TYPE OF GROUP: SELF CONCEPT TIME: 10/5 FACILITATOR: JR

FOCUS OF PT. WORK ACTIVE PRESENTATION: PARTICIPATION: REPORTED/OBSERVED SYMPTOMS:

<input type="checkbox"/> Affect modulation	<input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Bright	<input type="checkbox"/> Sharing <input type="checkbox"/> Supportive	<input type="checkbox"/> Self harm impulse	<input type="checkbox"/> Suicidality
<input type="checkbox"/> Impulse Control	<input type="checkbox"/> Labile <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric	<input type="checkbox"/> Intrusive <input type="checkbox"/> Resistive	<input type="checkbox"/> Angry Outburst	<input type="checkbox"/> Worthlessness
<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Depressed <input type="checkbox"/> Lethargic	<input type="checkbox"/> Drowsy <input type="checkbox"/> Attentive	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Stress Management	<input type="checkbox"/> Anxious <input type="checkbox"/> Incongruent	<input type="checkbox"/> Attempts to monopolize	<input type="checkbox"/> Hostility/irritability	<input type="checkbox"/> Threats
<input type="checkbox"/> Reality Testing			<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Agitated
<input type="checkbox"/> Confrontation	COGNITIVE PRESENTATION:		<input type="checkbox"/> Hypersomnolulent	
<input type="checkbox"/> Processing feelings	<input type="checkbox"/> Tangential	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Tremors
<input type="checkbox"/> Education	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Hallucinations A/V	<input type="checkbox"/> Victimization	<input type="checkbox"/> Tearful
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/> Distorted thinking	<input type="checkbox"/> Congruent	<input type="checkbox"/> Peer/Family conflict	
<input type="checkbox"/> Cognitive Therapy	<input type="checkbox"/> Illogical		<input type="checkbox"/> Sexual acting out	
<input type="checkbox"/> Discharge Planning	<input type="checkbox"/> Delusional		<input type="checkbox"/> Insomnia	

PROBLEM NUMBER: _____ NOTES: Pt. did not attend group on 10/12.

SIGNATURE: [Signature]

TYPE OF GROUP: Suicide Prevention TIME: _____ FACILITATOR: Merritt

FOCUS OF PT. WORK AFFECTIVE PRESENTATION: PARTICIPATION: REPORTED/OBSERVED SYMPTOMS:

<input type="checkbox"/> Affect modulation	<input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Bright	<input type="checkbox"/> Sharing <input type="checkbox"/> Supportive	<input type="checkbox"/> Self harm impulse	<input type="checkbox"/> Suicidality
<input type="checkbox"/> Impulse Control	<input type="checkbox"/> Labile <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric	<input type="checkbox"/> Intrusive <input type="checkbox"/> Resistive	<input type="checkbox"/> Angry Outburst	<input type="checkbox"/> Worthlessness
<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Depressed <input type="checkbox"/> Lethargic	<input type="checkbox"/> Drowsy <input type="checkbox"/> Attentive	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Stress Management	<input type="checkbox"/> Anxious <input type="checkbox"/> Incongruent	<input type="checkbox"/> Attempts to monopolize	<input type="checkbox"/> Hostility/irritability	<input type="checkbox"/> Threats
<input type="checkbox"/> Reality Testing			<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Agitated
<input type="checkbox"/> Confrontation	COGNITIVE PRESENTATION:		<input type="checkbox"/> Hypersomnolulent	
<input type="checkbox"/> Processing feelings	<input type="checkbox"/> Tangential	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Tremors
<input type="checkbox"/> Education	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Hallucinations A/V	<input type="checkbox"/> Victimization	<input type="checkbox"/> Tearful
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/> Distorted thinking	<input type="checkbox"/> Congruent	<input type="checkbox"/> Peer/Family conflict	
<input type="checkbox"/> Cognitive Therapy	<input type="checkbox"/> Illogical		<input type="checkbox"/> Sexual acting out	
<input type="checkbox"/> Discharge Planning	<input type="checkbox"/> Delusional		<input type="checkbox"/> Insomnia	

PROBLEM NUMBER: _____ NOTES: Group discussion on suicide & suicide prevention. This discussion includes facts, feelings associated and prevention methods.

SIGNATURE: _____

Case Management Notes: _____

TIMBERLAWN MENTAL HEALTH SYSTEM

Group Therapy Progress Note

patient identification

MURPHY, JIM

DR. ROSKOS

AP 9-1-75

NS/MG

M10601 10-9-9
 M89018
 MURPHY, JIM
 DR. ROSKOS
 AP 7-1-75
 NS / MS

Patient Assessment and Activity Record For 10/10/99

Hygiene & ADL

11-7 7-3 3-11
 () () () Independent

If functioning not independent:

Personal Care Provided

11-7 7-3 3-11

() () () Bed Bath
 () () () Partial Bath
 () () () Shower
 () () () A.M. Care
 () () () P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: _____

Lab Services

Admit Profile Drawn Sent

Blood _____

Urine _____

Hr. / T / P / R / BP

11-7 7-3 3-11

Hr. / T / P / R / BP

11-7 7-3 3-11

Hr. / T / P / R / BP

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Test Time

Test Time

Test Time

Test Time

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Motivation Level to Attend

Therapy & Activities

7-3 3-11

() () () Self motivated

() () () Needs Reminders

() () () Frequently Tardy

() () () Some Refused*

() () () Refused All*

Precautions

11-7 7-3 3-11

() () () 1:1*

() () () 1:1*

() () () 1:1*

() () () 1:1*

() () () 1:1*

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Intervention

11-7 7-3 3-11

() () () Clarification

() () () Limit-Setting

() () () Confirmation

() () () Problem Solving

() () () Socialization

() () () Role Playing

() () () Orientation

() () () Activity

() () () Education

() () () Journaling

() () () Re-Directing

() () () Support

Sleep Pattern

11-7

() 9 hours uninterrupted

() Out of bed # _____ times

() Difficulty Falling to Sleep

() Restless

Education

Orientation:

☐ Patient ☐ Family Significant/Other: _____

Medication:

☐ Patient ☐ Family Significant/Other: _____

Disease:

☐ Patient ☐ Family Significant/Other: _____

Coping Skills:

☐ Patient ☐ Family Significant/Other: _____

Education Materials:

☐ Patient ☐ Family Significant/Other: _____

Signature & date staff 11-7

Signature & date staff 7-3

Signature & date staff 3-11

Assessment by RN

Affect

11-7 7-3 3-11

() () () Bright

() () () Flat

() () () Blunted

() () () Hostile

() () () Apathetic

() () () Restricted

Thought Process

11-7 7-3 3-11

() () () Organized

() () () Preoccupied

() () () Disorganized

() () () Concrete

() () () _____

Behavior

11-7 7-3 3-11

() () () Impulsive

() () () Agitated

() () () Uncooperative

() () () Self-Destructive

() () () Disorganized

() () () Violent

() () () Hostile

() () () Manipulative

() () () Inappropriate

() () () Anxious

() () () Withdrawn

() () () Restless

Cognition

11-7 7-3 3-11

() () () Oriented x 3

() () () Disoriented

Social

11-7 7-3 3-11

() () () Appropriate

() () () Withdrawn

() () () Attention Seeking

() () () Manipulative

() () () Reclusive

Physical Status

Abnormal findings*

11-7 7-3 3-11

() () () Skin

() () () Neuro-Muscular

() () () Cardio-Vascular

() () () Respiratory

() () () Gastrointestinal

() () () Genitourinary

() () () Seeks Meds

() () () Somatic Complaints

Mood

11-7 7-3 3-11

() () () Depressed

() () () Elated

() () () Irritable

() () () Anxious

() () () Angry

() () () Guilty

Alertness

() () () Alertness

() () () Slight Drowsy

() () () Lethargic

() () () Hyper-Alert

Insight

11-7 7-3 3-11

() () () Self-Aware

() () () Denial

() () () Some Insight

Patient Assessment and Activity Record For 10/11/99

M1065 10-9-99
M89018
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS / 45

Hygiene & ADL

11-7 7-3 3-11

() () () Independent

If functioning not independent:

Personal Care Provided

11-7 7-3 3-11

() () () Bed Bath
() () () Partial Bath
() () () Shower
() () () A.M. Care
() () () P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: _____

Lab Services

Admit Profile Drawn Sent

Blood _____

Urine _____

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)

7a 12p 5p

() () () Refused Meal

() () () 25%

() () () 50%

() () () 75%

() () () 100%

Motivation Level to Attend Therapy & Activities

7-3 3-11

() () () Self motivated
() () () Needs Reminders
() () () Frequently Tardy
() () () Some Refused*
() () () Refused All*

Precautions

11-7 7-3 3-11

() () () 1:1*

() () () SF

() () () EP

() () () Seizure

() () () Delir

() () () Seclusion*

() () () Restraints*

* requires progress note for additional information

Intervention

11-7 7-3 3-11

() () () Clarification
() () () Limit-Setting
() () () Confirmation
() () () Problem Solving
() () () Socialization
() () () Role Playing
() () () Orientation
() () () Activity
() () () Education
() () () Journaling
() () () Re-Directing
() () () Support

Sleep Pattern

11-7

() 7 hours uninterrupted

() Out of bed # _____ times

() Difficulty Falling to Sleep

() Restless

Education

Orientation:

☐ Patient ☐ Family Significant/Other: _____

Medication:

☐ Patient ☐ Family Significant/Other: _____

Disease:

☐ Patient ☐ Family Significant/Other: _____

Coping Skills: attended process groups

☐ Patient ☐ Family Significant/Other: _____

Education Materials:

☐ Patient ☐ Family Significant/Other: _____

Signature & date staff 11-7

Signature & date staff 7-3

Signature & date staff 3-11

Assessment by RN	Behavior	Social	Mood
Affect	11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11
() () () Bright	() () () Impulsive	() () () Appropriate	() () () Depressed
() () () Flat	() () () Agitated	() () () Withdrawn	() () () Elated
() () () Blunted	() () () Uncooperative	() () () Attention Seeking	() () () Irritable
() () () Hostile	() () () Self-Destructive	() () () Manipulative	() () () Anxious
() () () Apathetic	() () () Disorganized	() () () Reclusive	() () () Angry
() () () Restricted	() () () Violent	Physical Status	() () () Guilty
Thought Process	() () () Hostile	✓ Abnormal findings*	Alertness
11-7 7-3 3-11	() () () Manipulative	11-7 7-3 3-11	() () () Alertness
() () () Organized	() () () Inappropriate	() () () Skin	() () () Slight Drowsy
() () () Preoccupied	() () () Anxious	() () () Neuro-Muscular	() () () Lethargic
() () () Disorganized	() () () Withdrawn	() () () Cardio-Vascular	() () () Hyper-Alert
() () () Concrete	() () () Restless	() () () Respiratory	Insight
	Cognition	() () () Gastrointestinal	11-7 7-3 3-11
	11-7 7-3 3-11	() () () Genitourinary	() () () Self-Aware
	() () () Oriented x 3	() () () Socks Mods	() () () Denial
	() () () Disoriented	() () () Somatic Complaints	() () () Some Insight

Patient Assessment and Activity Record For 10/12/99

Hygiene & ADL
11-7 7-3 3-11
☒ Independent

If functioning not independent:

Personal Care Provided

11-7 7-3 3-11

☒ () () Bed Bath
☒ () () Partial Bath
☒ () () Shower
☒ () () A.M. Care
☒ () () P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: _____

Lab Services

Admit Profile Drawn Sent

Blood _____

Urine _____

Hr. / T / P / R / BP

Hr. / T / P / R / BP

11-7 7-3 3-11

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)

7a 12p 5p

☒ () () Refused Meal

☒ () () 25%

☒ () () 50%

☒ () () 75%

☒ () () 100%

Motivation Level to Attend

Therapy & Activities

7-3 3-11

☒ () () Self motivated

☒ () () Needs Reminders

☒ () () Frequently Tardy

☒ () () Some Refused*

☒ () () Refused All*

Precautions

11-7 7-3 3-11

☒ () () 1:1*

☒ () () 1:2*

☒ () () 1:3*

☒ () () EP

☒ () () Seizure

☒ () () Delox

☒ () () Seclusion*

☒ () () Restraints*

* requires progress note for additional information

Intervention

11-7 7-3 3-11

☒ () () Clarification

☒ () () Limit-Setting

☒ () () Confirmation

☒ () () Problem Solving

☒ () () Socialization

☒ () () Role Playing

☒ () () Orientation

☒ () () Activity

☒ () () Education

☒ () () Journaling

☒ () () Re-Directing

☒ () () Support

Sleep Pattern

11-7 7-3 3-11

☒ () () 5 1/2 hours uninterrupted

☒ () () Out of bed # _____ times

☒ () () Difficulty Falling to Sleep

☒ () () Restless

Education

Orientation: _____

☐ Patient ☐ Family Significant/Other: _____

Medication: _____

☐ Patient ☐ Family Significant/Other: _____

Disease: _____

☐ Patient ☐ Family Significant/Other: _____

Coping Skills: _____

☐ Patient ☐ Family Significant/Other: _____

Education Materials: _____

☐ Patient ☐ Family Significant/Other: _____

Signature & date staff 11-7

Signature & date staff 7-3

Signature & date staff 3-11

Assessment
by RN

Affect

11-7 7-3 3-11

☒ () () Bright

☒ () () Flat

☒ () () Blunted

☒ () () Hostile

☒ () () Apathetic

☒ () () Restricted

Thought Process

11-7 7-3 3-11

☒ () () Organized

☒ () () Preoccupied

☒ () () Disorganized

☒ () () Concrete

☒ () () _____

Behavior

11-7 7-3 3-11

☒ () () Impulsive

☒ () () Agitated

☒ () () Uncooperative

☒ () () Self-Destructive

☒ () () Disorganized

☒ () () Violent

☒ () () Hostile

☒ () () Manipulative

☒ () () Inappropriate

☒ () () Anxious

☒ () () Withdrawn

☒ () () Restless

Cognition

11-7 7-3 3-11

☒ () () Oriented x 3

☒ () () Disoriented

Social

11-7 7-3 3-11

☒ () () Appropriate

☒ () () Withdrawn

☒ () () Attention Seeking

☒ () () Manipulative

☒ () () Reclusive

Physical Status

Abnormal findings*

11-7 7-3 3-11

☒ () () Skin

☒ () () Neuro-Muscular

☒ () () Cardio-Vascular

☒ () () Respiratory

☒ () () Gastrointestinal

☒ () () Genitourinary

☒ () () Seeks Meds

☒ () () Somatic Complaints

Mood

11-7 7-3 3-11

☒ () () Depressed

☒ () () Elated

☒ () () Irritable

☒ () () Anxious

☒ () () Angry

☒ () () Guilty

Alertness

☒ () () Alertness

☒ () () Slight Drowsy

☒ () () Lethargic

☒ () () Hyper-Alert

Insight

11-7 7-3 3-11

☒ () () Self-Aware

☒ () () Denial

☒ () () Some Insight

11-7 RN _____ 7-3 RN _____ 3-11 RN _____

TIMBERLAWN MENTAL HEALTH SYSTEMSM **PRECAUTION CHECKLIST**

PATIENTS ON SUICIDE PRECAUTIONS OR CLOSE OBSERVATION must be checked and initialed every fifteen minutes with behavior code. Closet codes must be used with patients on suicide precaution. Observing for signs of distress are a part of EVERY check on ALL patients. **10-9-99**

Date 10/9/99

SUICIDE PRECAUTIONS: MURPHY, JIM
 DR. ROSKOS
 AP 9-1-75

CLOSE OBSERVATION:

Initiated

10/9/99

Initiated

Discontinued

Discontinued

Close Codes

Closets Unlocked
 Closets/Dangerous
 items locked

Behavior Codes

Uncooperative
 Cooperative
 Quiet
 Talking
 Threatening
 Combative
 Nothing
 Crying
 Agitated
 Unresponsive
 Banging
 Cursing
 Pulling
 Yelling
 Disoriented
 Sleeping
 Demanding

Location Codes

Room
 Small Lounge
 Big Lounge
 Group
 School
 Round Doctor

CODES	INITIALS	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS
0000 am		0600 am		1200 pm		1800 pm	CW RE
0015 am		0615 am		1215 pm		1815 pm	CW RE
0030 am		0630 am		1230 pm		1830 pm	BV RE
0045 am		0645 am		1245 pm		1845 pm	BV RE
0100 am		0700 am		1300 pm		1900 pm	BV RE
0115 am		0715 am		1315 pm		1915 pm	BV RE
0130 am		0730 am		1330 pm		1930 pm	BV RE
0145 am		0745 am		1345 pm		1945 pm	BV RE
0200 am		0800 am		1400 pm		2000 pm	BV RE
0215 am		0815 am		1415 pm		2015 pm	CW RE
0230 am		0830 am		1430 pm		2030 pm	CW RE
0245 am		0845 am		1445 pm		2045 pm	CW RE
0300 am		0900 am		1500 pm		2100 pm	CW RE
0315 am		0915 am		1515 pm		2115 pm	BV RE
0330 am		0930 am		1530 pm		2130 pm	CW RE
0345 am		0945 am		1545 pm		2145 pm	CW RE
0400 am		1000 am		1600 pm	BV	2200 pm	BV RE
0415 am		1015 am		1615 pm	CW	2215 pm	BV RE
0430 am		1030 am		1630 pm	CW	2230 pm	BV RE
0445 am		1045 am		1645 pm	CW	2245 pm	BV RE
0500 am		1100 am		1700 pm	CW	2300 pm	BV RE
0515 am		1115 am		1715 pm	CW	2315 pm	BV RE
0530 am		1130 am		1730 pm	CW	2330 pm	BV RE
0545 am		1145 am		1745 pm	CW	2345 pm	BV BW

10-9-99

INT	INITIAL IDENTIFICATION	INT	INITIAL IDENTIFICATION
			PC Roseana J. J. M. H.
			BW B. W. W. M. H.

MURPHY, JIM
 DR. ROSKOS
 AP 9-1-75
 NS/MG

2223

TIMBERLAWN MENTAL HEALTH SYSTEMSM

PRECAUTION CHECKLIST

PATIENTS ON SUICIDE PRECAUTIONS OR CLOSE OBSERVATION must be checked and initialed every fifteen minutes with behavior code. Closet codes must be used with patients on suicide precaution. Observing for signs of distress are a part of EVERY check on ALL patients.

Date 10-7-99

SUICIDE PRECAUTIONS:

Initiated _____
Discontinued _____

CLOSE OBSERVATION:

Initiated 10-9-99
Discontinued _____

	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS
Closet Codes								
Closets Unlocked	0000 am	SU BW	0600 am	SU BW	1200 pm	DV	1800 pm	DV
Closets/Dangerous items locked	0015 am	SU BW	0615 am	SU BW	1215 pm	DV	1815 pm	DV
	0030 am	SU BW	0630 am	SU BW	1230 pm	DV	1830 pm	CV
	0045 am	SU BW	0645 am	SU BW	1245 pm	CV	1845 pm	CV
Behavior Codes	0100 am	SU BW	0700 am	SU BW	1300 pm	CV	1900 pm	CV
1. Uncooperative	0115 am	SU BW	0715 am	SU BW	1315 pm	DV	1915 pm	DV
2. Cooperative	0130 am	SU BW	0730 am	SU BW	1330 pm	DV	1930 pm	CV
3. Quiet	0145 am	SU BW	0745 am	SU BW	1345 pm	CV	1945 pm	DV
4. Talking	0200 am	SU BW	0800 am	SU BW	1400 pm	CV	2000 pm	DV
5. Threatening	0215 am	SU BW	0815 am	SU BW	1415 pm	CV	2015 pm	CV
6. Combative	0230 am	SU BW	0830 am	SU BW	1430 pm	X	2030 pm	DV
7. Writting	0245 am	SU BW	0845 am	SU BW	1445 pm	X	2045 pm	DV
8. Crying	0300 am	SU BW	0900 am	SU BW	1500 pm	X	2100 pm	CV
9. Agitated	0315 am	SU BW	0915 am	SU BW	1515 pm	X	2115 pm	DV
10. Unresponsive	0330 am	SU BW	0930 am	SU BW	1530 pm	X	2130 pm	DV
11. Banging	0345 am	SU BW	0945 am	SU BW	1545 pm	X	2145 pm	CV
12. Cursing	0400 am	SU BW	1000 am	SU BW	1600 pm	X	2200 pm	CV
13. Pulling	0415 am	SU BW	1015 am	SU BW	1615 pm	X	2215 pm	CV
14. Yelling	0430 am	SU BW	1030 am	SU BW	1630 pm	X	2230 pm	DV
15. Disoriented	0445 am	SU BW	1045 am	SU BW	1645 pm	DV	2245 pm	CV
16. Sleeping	0500 am	SU BW	1100 am	SU BW	1700 pm	DV	2300 pm	CV
17. Demanding	0515 am	SU BW	1115 am	SU BW	1715 pm	DV	2315 pm	DV
	0530 am	SU BW	1130 am	SU BW	1730 pm	X	2330 pm	CV BW
	0545 am	SU BW	1145 am	SU BW	1745 pm	X	2345 pm	CV BW
Location Codes								
U. Room								
V. Small Lounge								
W. Big Lounge								
X. Group								
Y. School								
Z. Round Doctor								

10-9-99

MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

222B

INT	INITIAL IDENTIFICATION	INT	INITIAL IDENTIFICATION
BW	B. Wade MTH	BW	B. Wade MTH

TIMBERLAWN MENTAL HEALTH SYSTEMSM

PRECAUTION CHECKLIST

PATIENTS ON SUICIDE PRECAUTIONS OR CLOSE OBSERVATION must be checked and initialed every fifteen minutes with behavior code. Closet codes must be used with patients on suicide precaution. Observing for signs of distress are a part of EVERY check on ALL patients.

Date 10-11-99

SUICIDE
PRECAUTIONS:

Initiated _____

Discontinued _____

CLOSE
OBSERVATION:

Initiated 10-9-99

Discontinued _____

Closet Codes

Closets Unlocked
Closets/Dangerous
items locked

Behavior Codes

- A. Uncooperative
- B. Cooperative
- C. Quiet
- D. Talking
- E. Threatening
- F. Combative
- G. Writting
- H. Crying
- I. Agitated
- K. Unresponsive
- M. Banging
- N. Cursing
- O. Pulling
- P. Yelling
- R. Disoriented
- S. Sleeping
- T. Demanding

Location Codes

- U. Room
- V. Small Lounge
- W. Big Lounge
- X. Group
- Y. School
- Z. Round Doctor

CODES	INITIALS	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS
0000 am	SU BW	0600 am	SU BW	1200 pm	DV CU	1800 pm	DV CU
0015 am	SU BW	0615 am	SU BW	1215 pm	DV CU	1815 pm	DV CU
0030 am	SU BW	0630 am	SU BW	1230 pm	DV CU	1830 pm	DV CU
0045 am	SU BW	0645 am	SU BW	1245 pm	DV CU	1845 pm	DV CU
0100 am	SU BW	0700 am	SU BW	1300 pm	DV CU	1900 pm	DV CU
0115 am	SU BW	0715 am	SU BW	1315 pm	X CU	1915 pm	DV CU
0130 am	SU BW	0730 am	CU CU	1330 pm	X CU	1930 pm	DV CU
0145 am	SU BW	0745 am	CU CU	1345 pm	X CU	1945 pm	CU CU
0200 am	SU BW	0800 am	DV CU	1400 pm	X CU	2000 pm	CU CU
0215 am	SU BW	0815 am	DV CU	1415 pm	X CU	2015 pm	CU CU
0230 am	SU BW	0830 am	DV CU	1430 pm	X CU	2030 pm	DV CU
0245 am	SU BW	0845 am	DV CU	1445 pm	X CU	2045 pm	DV CU
0300 am	SU BW	0900 am	X CU	1500 pm		2100 pm	X CU
0315 am	SU BW	0915 am	X CU	1515 pm		2115 pm	X CU
0330 am	SU BW	0930 am	X CU	1530 pm	X CU	2130 pm	X CU
0345 am	SU BW	0945 am	X CU	1545 pm	DV CU	2145 pm	DV CU
0400 am	SU BW	1000 am	X CU	1600 pm	DV CU	2200 pm	DV CU
0415 am	SU BW	1015 am	X CU	1615 pm	DV CU	2215 pm	DV CU
0430 am	SU BW	1030 am	X CU	1630 pm	DV CU	2230 pm	DV CU
0445 am	SU BW	1045 am	X CU	1645 pm	DV CU	2245 pm	CU CU
0500 am	SU BW	1100 am	X CU	1700 pm	DV CU	2300 pm	CU CU
0515 am	SU BW	1115 am	X CU	1715 pm	DV CU	2315 pm	CU CU
0530 am	SU BW	1130 am		1730 pm	DV CU	2330 pm	CU CU
0545 am	SU BW	1145 am		1745 pm	DV CU	2345 pm	CU CU

MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

222B103B

INT	INITIAL IDENTIFICATION	INT	INITIAL IDENTIFICATION
	DR. WILLIAMS MHT		DR. WILLIAMS MHT
	DR. WILLIAMS MHT		
	DR. WILLIAMS MHT		

TIMBERLAWN MENTAL HEALTH SYSTEMSM

PRECAUTION CHECKLIST

PATIENTS ON SUICIDE PRECAUTIONS OR CLOSE OBSERVATION must be checked and initialed every fifteen minutes with a check code. Closet codes must be used with patients on suicide precaution. Observing for signs of distress are a part of EVERY check on ALL patients.

Date 10/12/99SUICIDE
PRECAUTIONS:

Initiated _____

Discontinued _____

CLOSE
OBSERVATION:Initiated 10/9/99Discontinued 1500

	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS	CODES	INITIALS
Closet Codes								
1. Closets Unlocked	0000 am	CU EW	0600 am	SU EW	1200 pm	CV SC	1800 pm	
2. Closets/Dangerous items locked	0015 am	CU EW	0615 am	SU EW	1215 pm	CV SC	1815 pm	
	0030 am	CU EW	0630 am	SU EW	1230 pm	CV SC	1830 pm	
	0045 am	CU EW	0645 am	SU EW	1245 pm	CV SC	1845 pm	
Behavior Codes	0100 am	ZT EW	0700 am	SU EW	1300 pm	CV SC	1900 pm	
1. Uncooperative	0115 am	ETL EW	0715 am	SU EW	1315 pm	CV SC	1915 pm	
2. Cooperative	0130 am	SU EW	0730 am	SU EW	1330 pm	CV SC	1930 pm	
3. Quiet	0145 am	SU EW	0745 am	SU SC	1345 pm	CV SC	1945 pm	
4. Talking	0200 am	SU EW	0800 am	SU SC	1400 pm	CV SC	2000 pm	
5. Threatening	0215 am	SU EW	0815 am	SU SC	1415 pm	CV SC	2015 pm	
6. Combative	0230 am	SU EW	0830 am	SU SC	1430 pm	CV SC	2030 pm	
7. Nothing	0245 am	SU EW	0845 am	SU SC	1445 pm	CV SC	2045 pm	
8. Crying	0300 am	SU EW	0900 am	SU SC	1500 pm		2100 pm	
9. Agitated	0315 am	SU EW	0915 am	SU SC	1515 pm		2115 pm	
10. Unresponsive	0330 am	SU EW	0930 am	SU SC	1530 pm		2130 pm	
11. Banging	0345 am	SU EW	0945 am	CV SC	1545 pm		2145 pm	
12. Cursing	0400 am	SU EW	1000 am	CV SC	1600 pm		2200 pm	
13. Pulling	0415 am	SU EW	1015 am	CV SC	1615 pm		2215 pm	
14. Yelling	0430 am	SU MM	1030 am	CV SC	1630 pm		2230 pm	
15. Disoriented	0445 am	SU MM	1045 am	CV SC	1645 pm		2245 pm	
16. Sleeping	0500 am	SU EW	1100 am	X SC	1700 pm		2300 pm	
17. Demanding	0515 am	SU EW	1115 am	X SC	1715 pm		2315 pm	
	0530 am	SU EW	1130 am	X SC	1730 pm		2330 pm	
	0545 am	SU EW	1145 am	CV SC	1745 pm		2345 pm	
Location Codes								
1. Room								
2. Small Lounge								
3. Big Lounge								
4. Group								
5. School								
6. Round Doctor								
7. Snake Room								

104501 10-

2015

41, J1

ROSKOS

9-1-75

1/15

203 B

INT	INITIAL IDENTIFICATION	INT	INITIAL IDENTIFICATION
		EW	Edna Williams MHS
	M. M. Macauli EW		
	SC SC (over 20/1/1)		



TIMBERLAWN MENTAL HEALTH SYSTEM

1 of 2

ROUTINE MEDICATION ADMINISTRATION AND TREATMENT RECORD

ORDER DATE	EXP. DATE	CONSENT	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	HOUR	TUE	WED	THUR	FRI	SAT	SUN	MON
			OCT 1999		5	6	7	8	9	10	11
9/9	11/9		SEROQUEL 100mg PO Q Am	08						PR	
10/9	11/9		SEROQUEL 200mg PO QHS	21					PR	PR	
10/9	11/9		Depakote 250mg PO Q Am	08						PR	
10/9	11/9		Depakote 500mg PO QHS	21					PR	PR	PR
10/9	11/9		Effexor 37.5mg PO BID	08 21					PR	PR	
10/10	11/10		Seroquel 100mg P.O. T.i.d	0800 1200 2000						PR PR	
10/10	11/10		Depakote 250mg PO t.i.d	0800 1400 2100						PR PR PR	PR
10/10	11/9		Effexor XR 150mg P.O. q 2 ^{hr}	1400						PR	
10/11/99	11/8/99		Klonopin 1 mg P.O. T.I.D	0800 1400 2100							PR PR
10/11/99	11/9/99		Seroquel 100mg P.O. T.I.D	0900 1300 1700							PR PR PR
10/11/99	11/9/99		Seroquel 200mg P.O. QHS Ativan	2100							PR

ALLERGIES

Iodine

10-9-99

MURPHY, JIM
DR. RUSKOS
AP 9-1-75
NS/MG

SIGNATURES

R. Donagan

[Signature]

INT

R. Donagan

TIMBERLAWN MENTAL HEALTH SYSTEM

pg 1 of 2

ROUTINE MEDICATION ADMINISTRATION AND TREATMENT RECORD

ORDER DATE	EXP. DATE	CONSENT	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	HOUR	TU	W	TH	F	Sa	Su	M
			Oct 99		12	13	14	15	16	17	18
10/9	11/8		Depalocate 500mg po qhs	2100							
10/10	11/9	1/00	Depalocate 250mg PO TID	0800 CS 1400 CS 2100							
10/11	10/18	01/00	Klonopin 1mg PO TID	0800 CS 1400 CS 2100							
10/11	11/10	01/00	Seroquel 100mg PO TID	0900 CS 1300 CS 1700							
10/11	11/10	01/00	Seroquel 300mg po qhs	2100							
10/11	11/10	01/00	SERZONE 50mg PO QAM	0800 CS							
10/11	11/10	01/00	SERZONE 100mg PO QHS								

ALLERGIES Iodine

SIGNATURES

INT

INT

C. Sperling CS

10-9-99

10-9-99
JIM
USKOS
2-1-75
CS/OG



ROUTINE MEDICATION ADMINISTRATION AND TREATMENT RECORD

ALLERGIES

Iodine

[illegible]



TIMBERLAWN MENTAL HEALTH SYSTEMSM

P.R.N. MEDICATION ADMINISTRATION AND TREATMENT RECORD

ORDER DATE	EXP DATE	CONSENT RENEWAL	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN					
10/10/09	10/18/09		ATIVAN 2mg PO + WS PRN for JASON	DATE	10/11/09				
				TIME	0135				
				INIT	RP				
				DATE					
				TIME					
				INIT					
				DATE					
				TIME					
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				INIT					

ALLERGIES

MURPHY, SIM

SIGNATURES

INT

INT

TIMBERLAWN MENTAL HEALTH SYSTEMSM

P.R.N. MEDICATION ADMINISTRATION AND TREATMENT RECORD

ORDER DATE	EXP DATE	CONSENT RENEWAL	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN								
10/9	11/9	-o-	Tylenol 650mg PO Q 6 ⁰ prn pain	DATE	10/10							
				TIME	8:55							
				INIT	SH							
10/9	11/9	-o-	Mom 30cc po Q 4 ⁰ prn Constipation	DATE								
				TIME								
				INIT								
10/9	11/9	-o-	Maalox 30cc PO Q 4 ⁰ prn indigestion	DATE								
				TIME								
				INIT								
10/6/99	10/1/99		Ativan 2mg po q 1h prn insomnia	DATE	10/10/99							
				TIME	2:00							
				INIT	RD							
				DATE								
				TIME								
				INIT								
				DATE								
				TIME								
				INIT								
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				INIT								
				DATE								
				TIME								
				INIT								

ALLERGIES

Iodine

SIGNATURES

INT

INT

R. Dandridge
StichorRD
SH

10/10/99
JIM
01. ROSKOS
AP 9-1-75
NS/MG

M106501

10-9-99

TIMBERLAWN MENTAL HEALTH SYSTEM

M89018

MURPHY, JIM

TB ASSESSMENT

DR. ZASKOS

P-21175

Patient

Is the patient a reliable historian?

yes

no

If the patient is reliable, ask the following questions. If the patient is not considered a reliable historian, ask a family member the following questions:

1. Has the patient ever been treated for TB? Yes

No

2. Has the patient been exposed to anyone with TB? Yes

No

3. Has the patient been vaccinated with BCG? Yes

No

4. Have you ever been told you had a positive test? Yes

No

5. Is the patient exhibiting any of the following symptoms?

Hemoptysis (blood in sputum) Yes

No

Cough Yes

No

Night Sweats Yes

No

Unexplained weight loss Yes

No

Fever (usually at night) Yes

No

If treated in the past, document when and with what drugs.

ACTION:

If exposed, and without symptoms, please request TB testing as part of the admitting orders.

Date

Initials

If treated in the past, order a consult with the internist.

Date

Initials

If two or more symptoms are present, the following is required:

1) the patient must be masked prior to being on a unit;

AND

2) a STAT Chest x-ray must be ordered

Time

Initials

Date

Initial

Results of the Chest X-ray must be discussed with the consulting internist if abnormal.

When you apply for or receive mental health services in the State of Texas, you have many rights. Your most important rights are listed on these four pages. These rights apply to all persons unless otherwise restricted by law or court order. A judge or lawyer will refer to the actual laws. If you want a copy of the laws these rights come from, you can call the Health Facility Licensure and Certification Division of the Texas Department of Health at 1-800-228-1570.

It is the responsibility of this hospital under law to make sure you have been informed of your rights. But just giving you this information does not mean your rights have been protected. This hospital is required to respect and provide for your rights in order to maintain licensure and do business in this state.

Your Right to Know Your Rights

You have the right, under the rules by which this hospital is licensed, to be given a copy of these rights before you are admitted to the hospital as a patient. If you so desire a copy should also be given to the person of your choice. If a guardian has been appointed for you or you are under 18 years of age, a copy will also be given to your guardian, parent, or conservator.

You also have the right to have these rights explained to you aloud in simple terms in a way you can understand within 24 hours of being admitted to the hospital to receive services (e.g., in your language if you are not English-speaking, in sign language if you are hearing impaired, in Braille if you are visually impaired, or other appropriate methods).

If you believe any of your rights have been violated or you have other concerns about your care in this hospital, you may contact one or more of the following:

Health Facility Licensure and Certification Division
Texas Department of Health
1100 W. 49th St., Austin, TX 78756

1-800-228-1570

Advocacy, Incorporated
7800 Shoal Creek Blvd, Suite 171 E, Austin, TX 78757

1-800-315-3876

If you have been involuntarily committed and you believe that your attorney did not prepare your case properly or that your attorney failed to represent your point of view to the judge, you may wish to report the attorney's behavior to the Ethics Committee of the State Bar of Texas by writing:

Disciplinary Council
State Bar of Texas
1414 Colorado
P.O. Box 12487
Austin, Texas 78711-2487

If you are a voluntary patient OR if you have been taken to the hospital against your will, turn to pages three and four for a listing of your special rights under law in Texas. All patients should read pages two and three, which explain the rights that apply to everyone receiving services at this hospital.

STATEMENT THAT YOU HAVE RECEIVED THIS PAMPHLET/IT HAS BEEN EXPLAINED

I certify that:

- ☒ I have received a copy of this four-page document prior to admission
☐ Staff have explained its content to me in a language I understand within 24 hours of admission (if involuntarily committed).
☒ Staff have explained its content to me in a language I understand prior to admission (if voluntarily committed).

Name [Signature]

Witness [Signature]

Date 10-9-99

Date 10/9/99

Relationship of witness to patient: _____

AW

10-9-99

JIM
DR. ROSKOS
AP 9-1-75
NS/MG

TIMBERLAWN MENTAL HEALTH SYSTEM
4600 SAMUELL BLVD
DALLAS, TEXAS 75228

I, Jim Murphy authorize Timberlawn Mental Health
(patient's name)

System to photograph me as part of the admission process. This photograph will be utilized in identification for medication administration and treatment.

I understand that this photograph will become part of the permanent medical record and as such will be protected by all appropriate State and Federal Guidelines.

X
Patient

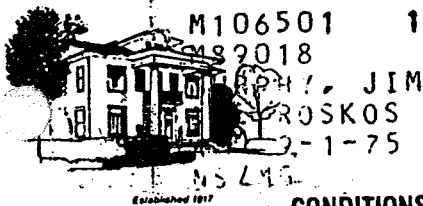
10-9-99
Date

Parent or Legal Guardian

Date

Christa Red
Witness

10-9-99
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG



TIMBERLAWN
Mental Health System

AP
PROGRAM

CONDITIONS OF ADMISSION AND SERVICES AT TIMBERLAWN MENTAL HEALTH SYSTEM
FOR Jim Murphy ("PATIENT")

1. **CONSENT TO TREATMENT:** (a) The undersigned, either as Patient or on behalf of Patient (the "Undersigned"), consents to the procedures, services and treatments, emergency and otherwise, which may be performed and/or provided by the Hospital during this Hospitalization or on an out-patient basis, including, but not limited to, psychiatric treatment or services, psychological treatment or services, laboratory procedures, x-ray examinations, medical treatments, or procedures, anesthesia, and/or hospital services rendered for the Undersigned under the general and/or special instructions of any physician.

(b) The Undersigned agrees that the Hospital may at any time decline further to treat or care for the Patient and the Undersigned agrees that, upon notification by the Hospital, the Undersigned will immediately remove or cause the Patient to be removed from the care and custody of the Hospital.

(c) The Undersigned agrees to hold harmless the Hospital, its directors, officers, staff doctors, residents, interns, agents and employees, and to indemnify against and protect all and each of them from any claim for loss of personal effects and for any and all liability, obligation, cause of action, claim or damage, of whatsoever nature or character, by whomsoever made, and from whatever cause, in any way arising or to arise in connection with, in respect of or relating to the Patient, whether the same shall arise by reason of accident, occurrence, act or omission on or off the premises of the Hospital.
2. **PERSONAL VALUABLES:** The Undersigned certifies that he or she has been advised that he or she must assume full responsibility for any valuables that are kept in the room or on the person of the Undersigned, including, without limitation, jewelry, watches, rings, money, keys and credit cards. The Undersigned is aware that the Hospital will not assume responsibility for these items in the event that they are lost, stolen or misplaced. Valuables may be placed in the Hospital safe for safekeeping.
3. **DAMAGES:** The Undersigned has been informed and agrees to pay in full any and all charges billed by the Hospital for damages to facilities and property caused by the Undersigned. The Undersigned understands that these damages will include only those items which are intentional and are not as a result of normal usage. The Undersigned furthermore understands that the Undersigned will be billed separately for the damages and will submit payment in full within thirty (30) days from the date of the bill.
4. **FINANCIAL AGREEMENT:** The Undersigned whether signing as agent, Patient and/or guarantor, agrees that, in consideration of the services to be rendered to the Undersigned, he or she hereby individually will pay all charges incurred by the Hospital in connection with treatment of the Undersigned and/or costs related thereto in accordance with the rates and terms of the Hospital. If the Undersigned's and/or Patient's account is referred to an attorney for collection, the Undersigned and/or Patient shall pay interest, reasonable attorney's fees and collection expenses.
5. **ASSIGNMENT OF INSURANCE BENEFITS AND RIGHT OF RECOVERY:** (a) In consideration of services rendered or to be rendered, the Undersigned as agent, Patient and/or guarantor, hereby irrevocably assigns to the Hospital any and all right, title and interest in and to the benefits payable for services rendered by the Hospital provided in any policy or policies of insurance or any health benefit plan or plans of Patient, Patient's spouse and/or the Undersigned. Such irrevocable assignment shall be for the purpose of recovery on such policies or plans, but shall not be construed to be an obligation of the Hospital to pursue any such recovery. The Undersigned as agent, Patient and/or guarantor, hereby also authorizes the direct payment to the Hospital for all benefits due under such policy(s) and/or plan(s) by reason of services rendered therein. The Undersigned will pay the Hospital for all charges incurred or, alternatively, for all charges in excess of the sum actually paid pursuant to such policies or plans.

(b) The Undersigned, as agent, Patient and/or guarantor, hereby irrevocably assigns to the Hospital any and all right, title and interest in and to any and all causes of action, rights, suits, demands of claims which the Undersigned and/or Patient has or may have against any insurance company, health benefit plan or third party for any and all payments due and owing to the Undersigned by reason for this hospitalization.
6. **PERSONAL EXPENSES:** The Hospital is authorized to disburse for the personal expenses of the Patient an amount not to exceed \$ _____ per week. It is understood that this expenditure is to cover items obtained in the canteen, such as food, soft drinks, cigarettes, candy and toilet articles, as well as off ground trips in recreational therapy, items purchased in occupational therapy, telephone calls, dry cleaning, laundry, shoe repair, clothing, pharmacy and/or medical extras. The sum will not be added to the regular hospital bill. A cash deposit (the "Patient's Account") may be left with the patient accounts office. Any coupons left in the books upon discharge may be returned to the business office for credit. If there are funds remaining in the Patient's Account at the date of discharge, such funds will be applied to any balance remaining on the Patient's bill.
7. **LIMITED POWER OF ATTORNEY:** The Undersigned hereby authorizes and appoints the executive director of the Hospital or his agent as attorney in fact to take measures on behalf of the Undersigned as may be necessary to collect any claims and/or insurance proceeds and to endorse any checks made payable to the Undersigned for such claims and/or insurance proceeds by signing as attorney in fact to any such checks and/or insurance claim forms.
8. **AUTHORIZATION TO RELEASE INFORMATION:** The Undersigned authorizes the Hospital to release to any and all insurance companies, health benefit plans, administrators and/or employers having coverage, any medical records or information pertaining to this hospital admission of the Patient. A photostatic copy of

M106501

10-9-99

M89018

MURPHY, JIM

DR. ROSKOS

AP 2-1-75

TIMBERLAWN MENTAL HEALTH SYSTEM ADVANCE DIRECTIVE ACKNOWLEDGEMENT

1. I have been given written material about my right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment.

Patient's initial Jim

2. I have been given written material about my right to make decisions concerning psychiatric treatment if I become incapacitated while hospitalized.

Patient's initial Jim

3. I have been informed of my right to formulate advance directives.

Patient's initial Jim

4. I have been given written material outlining the Timberlawn Mental Health System policies and procedures with respect to the implementation of these rights.

Patient's initial Jim

5. I understand I am not required to have an advance directive in order to receive care at Timberlawn Mental Health System.

Patient's initial Jim

6. I have executed an advance directive, I understand that the terms of my advance directive will be followed in accordance with the Timberlawn Mental Health System policies and procedures.

Patient's initial Jim

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

☐ I have executed an advance directive ☐ Yes ☐ No If Yes, circle type: Med/Surgical Psychiatric

PATIENT WILL PROVIDE TMHS A COPY OF ADVANCE DIRECTIVE: ☐ YES ☐ NO

☐ I HAVE NOT AND DO NOT WANT TO execute an advance directive at this time

☐ Patient has received information regarding advance directives, but REFUSES TO SIGN.

☐ **PATIENT IS INCAPACITATED.** Information regarding advance directives has been given to patient's family or surrogate (if applicable)

Jim Murphy

Print Patient's Name

Jim Murphy

Patient's Signature

10-9-99

Date

Witness

Date

1/97

Consent to Release Verbal Information and/or Contact Designated Individual

M106501
M89018
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG

Patient Name: (Jim) Jedidiah Isaac Murphy Date: 10/9/99

I, (Jim) Jedidiah hereby give my consent to members of the staff of Timberlawn to contact and share ongoing treatment and discharge information with individual(s) listed below. The information shared will be for the purpose of appropriate assessment/evaluation and discharge planning.

Leah C. Ray
Name of Designated Contact

girlfriend
Relationship

11360 CR 4040 Kaufman
Address

(972) 962-0307
Telephone number

[Signature] 10-9-99
Patient Signature Date

Christie Redrow LR
Witness

Dr. Esterbrook
Name of Referral Source

DR
Relationship

Glen Oaks Hospital
Address

(800) 443-1107
Telephone number

I understand these records include drug/alcohol/mental health/communicable disease related information. I understand that information released could contain reference to or results of HIV antibody testing. A photocopy of this authorization should be considered as valid as the original. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon and in any event, shall expire ninety (90) days from the date of signature.

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR Part 2) prohibit you from making any further disclosure of this information, except with the specified written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

Referral Source contacted within 48 hours of admission:

Date contacted _____ Name of person you spoke with _____
Timberlawn Casemanager name: _____

Referral Source contacted UPON Discharge:

Date contacted _____ Name of person you spoke with _____
Timberlawn Casemanager name: _____



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

**APPLICATION FOR VOLUNTARY ADMISSION TO TIMBERLAWN
MENTAL HEALTH SYSTEM**

STATE OF TEXAS

COUNTY OF DALLAS

I Jim Murphy, hereby file with the
head of TIMBERLAWN MENTAL HEALTH SYSTEM, this request to be admitted as a
voluntary patient and agree to submit myself to the custody of said TIMBERLAWN
MENTAL HEALTH SYSTEM for diagnosis, observation, care and treatment and therein
after remain in said TIMBERLAWN MENTAL HEALTH SYSTEM until I am discharged
or until I request to be discharged from the hospital.

SIGNED this 9 day of Oct, 1999 time 2:30P

[Signature]

(Signature of Applicant)

(Address)

(If applicant is under the age of 16 years, the
additional signature of parents or legal guardian)

(Address)

Christie Redmond LR

(Witness)

10-9-99
MURPHY, JIM
DR. ROSKOS
AP 9-1-75
NS/MG



TIMBERLAWN MENTAL HEALTH SYSTEMSM

Letter of Release

I am submitting my letter requesting release from Timberlawn Mental Health SystemSM.

Signature

Jim Murphy

Name of Patient

TIM MURPHY

Date

10-12-99

Witnessed by Staff

Ann Marie Zoberney

Time of Day

10:10 A.M.

Witnessed by Staff

C. Speer RN

***NOTE:** Staff must complete form for verbal requests of release from Timberlawn Mental Health SystemSM.

Letter of Retraction

I would like to retract my Letter of Release written above.

Date

Signature

Time of Day

Witnessed by Staff

TIMBERLAWN MENTAL HEALTH SYSTEMSM

NURSING SERVICE DEPARTMENT

RECEIPT FOR PATIENT'S VALUABLES

M106501

10-9-99

M89018

MURPHY, JIM

DR. RJSKOS

AP 2-1-7

RELEASED BY BUSINESS OFFICE

Patient's Name

Murphy Jedidiah

Unit

L-II

Depakote 250mg tabs
(Bottle)
Effexor XR 150mg caps
Haloperidol 5mg

DATE

INITIAL

DATE: TIME: PATIENT'S SIGNATURE

1. Properly Accepted By

2. Robbie Dowd
(Unit Staff Member)

nature / Business Office

Witnessed by Nursing Staff

FINAL WITHDRAWAL DATE: 10/14/99

PT. SIG.

BO SIG.

ACCT/MED RECORD NO. 000089018
ADMIN. DATE 10/09/99 16:30 1P
INITIAL ACCOUNT NO. 0106501
ACM PTP MSV MVA H ROOM BED ADM. CLERK X-RAY #
A I PSY 9105-A CHAV ROEKOS, S. RICHARD 00227

PATIENT INFORMATION

PATIENT NAME MURPHY JIM
ADDRESS 6305 FM 429
HOME ADDRESS (IF DIFFERENT)
NEAREST RELATIVE (RELATIONSHIP) HOPE ABBOTT
EMERGENCY CONTACT SAME AS ABOVE
PATIENT'S EMPLOYER UNEMPLOYED
S.S. NO. 456712610
AGE 024Y. 9/01/75
SEX M RACE C
CITY KAUFMAN TX
STATE, ZIP 75148
AC/PHONE NO. 972 286-157
MARITAL STATUS Voluntary
RELIGION
VISIT 000
AC/PHONE NO. 972 286-157
AC/PHONE NO. 000
AC/PHONE NO. 000

GUARANTORS INFORMATION

NAME MURPHY JIM
RELATIONSHIP
S.S. NO.
OCCUPATION / INDUSTRY
ADDRESS KAUFMAN, TX
AC/PHONE NO. 972 286-157
EMPLOYER NONE
ADDRESS
AC/PHONE NO. 000

MEDICAL INFORMATION

CONSULTING M.D.
ADMITTING DIAGNOSIS
DISCH. DATE LOS ICU DAYS SERVICE DRG
ICD CODE
LAST ADMIT
DATE 10/00/00

CLAIMS INFORMATION

CO. # PLAN # GROUP # POLICY # / ID INSURANCE CO. INSURED STATUS
1. 306 01 456712610 NORTSTAR VALUE OPTIONS
2. 000 00
3. 000 00

MAIL CLAIM TO:

U	EID	ESC	RI	AB	SP	P. REL.	OCCUR. C.	DATE	CD	DATE	SPAN. C.	FROM	TO
8													
2												UR	PRO APPROVAL

PATIENT VALUABLES DEPOSITED

☐ YES ☐ NO

ENVELOPE
NUMBER

ASSIGNMENT OF INSURANCE BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION: In consideration of services rendered, I hereby transfer and assign to Timberlawn Mental Health System all rights, title and interest in any payment due me for services described herein as provided in the above-mentioned policy or policies of insurance. I further assign all right to payment due me for



106501

10-9-99

9018

MURPHY

DR. ROSKOS

AP 7-1-75

NS/XX

TIMBERLAWN MENTAL HEALTH SYSTEMSM

PATIENT INFORMATION SHEET

Murphy

1. Patient's full name: Jedidah Issac ~~Murphy~~ (sim) (M/F) M DOB 9-1-75
2. Home address: 6305 FM 429 City Kaufman State TX Zip 75142
3. Phone# 972-286-1570 Marital Status: M (S) D W (circle one) Race White
4. Patient's Social Security # 456-712610
5. Patient's Employer: No Phone# _____ Occupation _____
6. Address: _____ City _____ State _____ Zip _____
7. Next of Kin Hope Abbott Relation Mother Address: Has/Kall
8. City Seagoville State TX Zip _____ Home# 972-286-1570 Work# Same
9. Emergency Contact: Same As Above Relation _____ Address: _____
10. City _____ State _____ Zip _____ Home# _____ Work# _____
11. Insurance Company: North Star Magellan
12. Insured's Name: Jedidah Issac Murphy Relationship Self
456-71-2160
13. Social Security# 456-71-2160 Address: Same
14. City _____ State _____ Zip _____ Home# A1103718 Work# 7
15. Employer: None Occupation: _____
16. Address: _____ City _____ State _____ Zip _____
17. Presenting Problem: Medication difficulties
18. Are You Under the care of Dr. or Therapist? YES
19. Has the patient ever been to Timberlawn before? NO If yes, when? _____
20. Who referred you to Timberlawn? Glen Oaks Hospital
21. Address: _____
22. City Greenville State TX Zip _____ Phone# 1-800-443-1109

Discharge

ge 1 of 4

DATE OF ADMISSION: 10/09/99

DATE OF DISCHARGE: 10/12/99

FINAL DIAGNOSES:

AXIS I.	1. Bipolar Disorder 2. Dissociative Identity Disorder
AXIS II.	Deferred
AXIS III.	None
AXIS IV.	Moderate
AXIS V.	GAF of 30/45

REASON FOR ADMISSION: The patient is a 24-year-old single white male who presents stating "I can't go on."

HISTORY OF PRESENT ILLNESS: The patient reports a history of bipolar II disorder and dissociative identity disorder. He is currently followed by Dr. Estabrook at Glen Oaks. The patient reports that he has been feeling more depressed and hopeless recently. He reports a current suicidal plan of overdosing. He states he has not been sleeping very well. He reports frequent nightmares. He reports appetite decline with weight loss. His energy has been poor. He states that he wants to stay in bed all the time. He feels like he is oversedated from his medications. He reports increasing dissociative episodes. He reports that one of his alters is very aggressive. He reports auditory hallucinations "all of the time."

Recent stressors include relationship problems and starting a new job next week.

PAST PSYCHIATRIC HISTORY: As mentioned he is currently followed by Dr. Estabrook at Glen Oaks. He was recently discharged from Glen Oaks earlier this month. He has been involved in drug rehabilitation in the past. He also states that he has been involved in AA, has a sponsor.

SUBSTANCE ABUSE HISTORY: He does have a significant history of alcohol use. He used to drink an eighteen pack a day. He did this for four or five years. His last use of alcohol was about two months ago.

History of Withdrawal: He does report a history of tremors and nausea.

Related Medical/Social/Vocational/Legal Problems: He reports two to three Public Intoxication charges.



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME:	MURPHY, JIM
MR#:	89018
UNIT:	AP
ADM. DR.:	S. Richard Roskos, M.D.

DISCHARGE SUMMARY

Chart Copy

Page 2 of 4

MEDICAL HISTORY:

Past hospitalizations/surgery: He reports numerous surgeries. He states that he was shot in the hand and the lung in the past. He had an appendectomy in 1994. He had arthroscopic surgery on both knees in 1996.

Serious illnesses: Patient denies.

Review of systems: He states that currently he is okay physically.

Immunization status: Unsure

Dental exam status: Last dental examination was one and a half months ago.

MEDICATION HISTORY: Current medications include Haldol 5 mg q h.s.; Effexor unknown dosage; Seroquel 100 mg t.i.d.; Depakote 250 mg t.i.d.

Previous Medication Trials: Ativan and Klonopin.

Medication Allergies: Iodine

PERSONAL/SOCIAL HISTORY:

Developmental History: The patient reports normal birth and states that he met developmental milestones on time. He lived with his biologic parents until age five. At age five his father died. He went to a foster home at that point.

Family/Martial History, Social Support Current Living Situation: He is currently living alone. He has never been married. He states that he has a two-year-old daughter. He does report relationship problems. He states that his mother is supportive.

Family Psychiatric History: His father abused alcohol and died of liver cirrhosis. His brother is an alcoholic. His paternal grandparents used alcohol.

Vocational History: He reports that he is currently unemployed. He states that he is suppose to start a new job next week.

Educational History: Graduated from high school.

Spiritual Orientation: States that he is Baptist.

Cultural Issues: The patient denies.

Legal Issues: The patient denies.

Physical/Sexual Abuse: The patient reports that he was sexually abused by his adoptive father from age three to six.

SIGNIFICANT PHYSICAL FINDINGS: A physical exam was performed by Paul Neubach, M.D. on 10-10-99. Exam was found to be normal.



TIMBERLAWN
MENTAL HEALTH SYSTEM

Dedicated to patient care, education and research since 1917.

NAME:	MURPHY, JIM
MR#:	89018
UNIT:	AP
ADM. DR.:	S. Richard Roskos, M.D.

DISCHARGE SUMMARY

Chart Copy

Page 3 of 4

PERTINENT LAB/X-RAY DATA: Blood chemistry on 10-11-99 showed glucose low at 36, carbon dioxide low at 19, and SGPT high at 54. Thyroid panel on 10-11-99 was within normal limits and Depakote level on 10-11-99 was slightly high at 104.

CONSULTANT REPORTS: None

COURSE AND TREATMENT IN THE HOSPITAL: The treatment team focused on addressing the patient's problem of bipolar-depressed. Interventions used to address this problem were: patient was encouraged to take medications as ordered by the physician, the patient was encouraged to attend group therapy and participate, and the patient was taught alternate coping skills.

When the patient was admitted he was placed on Close Observation and his medications were Seroquel 100 mg p.o. q a.m. and 200 mg p.o. q h.s., Depakote 250 mg p.o. q a.m. and 500 mg p.o. q h.s., and Effexor 37.5 mg p.o. b.i.d.

On 10-10-99 the patient complained of auditory hallucinations, of whispering voices talking to themselves. He also complained of frequent switching. Mental status examination revealed the patient to be cooperative with speech fluent, mood "depressed", affect was full range. He was alert and oriented x4. The patient was positive for suicidal ideation with a plan to overdose. Changes to his medications were Seroquel was changed to 100 mg p.o. t.i.d., adding a midday dose, and Depakote was changed to 250 mg p.o. t.i.d., also adding a midday dose, and Effexor was changed to Effexor XR 150 mg p.o. q a.m.

On 10-11-99 the patient stated he was losing time. He stated Effexor resulted in impotence. Effexor was discontinued and changed to Serzone 50 mg p.o. q a.m. and Serzone 100 mg p.o. q h.s. Seroquel was increased to 100 mg p.o. t.i.d. (9:00 a.m., 1:00 p.m., and 5:00 p.m) and 300 mg p.o. q h.s. Klonopin was added at 1 mg p.o. t.i.d. No other changes were made to his medication.

CONDITION ON DISCHARGE: On 10-12-99 the patient was requesting discharge, therefore, patient was discharged at his own request.

DISCHARGE INSTRUCTIONS TO PATIENT/FAMILY:

Medications: Klonopin 1 mg p.o. b.i.d., Serzone 50 mg p.o. q a.m. and 100 mg p.o. q h.s., Depakote 250 mg p.o. t.i.d., Seroquel 100 mg p.o. t.i.d. (9:00 a.m., 1:00 p.m., and 5:00 p.m) and 300 mg p.o. q h.s.

Diet: Regular



Dedicated to patient care, education and research since 1917.

NAME: MURPHY, JIM
MR#: 89018
UNIT: AP
ADM. DR.: S. Richard Roskos, M.D.

DISCHARGE SUMMARY

Chart Copy


**TIMBERLAWN MENTAL HEALTH SYSTEM
DISCHARGE PHYSICIAN ORDER FORM**

To be completed / reviewed by Administrative Psychiatrist before discharge.

DISCHARGE DATE: 10/12/99 TIME: 5:00 PM

DISCHARGE INSTRUCTIONS: MEDICATIONS (Include name, dosage, and amount if dispensed)

Klonopin 1mg one twice a day; Serzone 100mg one three times a day and 3 at bedtime; Serzone 100mg twice a day

TO BE DISPENSED ☐ YES ☒ NOPHYSICAL ACTIVITIES RESTRICTION, DIET: regularFOLLOW-UP MEDICAL CARE: with Primary Care Physicians

DISCHARGE INSTRUCTIONS TO PATIENT / FAMILY: (R program, therapies, appointment date / time, disability?)

medication follow-up scheduled with M.H.M. for
Wed 10/13 at 1:00 with Kim Kaiser, 650 N. Rockwell
Terrace Tr 972-524-4159

REMARKS:

I have participated in development of this plan. I understand the above information.

PATIENT / FAMILY SIGNATURE:

DATE:

NURSE'S SIGNATURE:

DATE:

FINAL DIAGNOSIS:**PRINCIPAL DX****OTHER DX'S:**

AXIS I

AXIS II

AXIS III

AXIS IV

AXIS V

TYPE OF DISCHARGE: ☐ AMA☐ MHB☒ REQUEST☐ TRANSFER☐ ADMINISTRATIVE☐ OTHER:

ADMINISTRATIVE PSYCHIATRIST'S SIGNATURE:

DATE:

1
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25

State's Exhibit Number 147

Oak Haven Records

(Copy attached)

F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

§
§
§
§
§
§IN THE 194TH JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

AFFIDAVIT

STATE OF TEXAS

COUNTY OF Gregg§
§
§

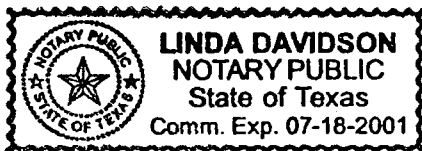
BEFORE ME, the undersigned authority, on this day personally appeared Hollis Hill, who being by me duly sworn, deposed as follows:

"My name is Hollis Hill, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Oak Haven Recovery Center. Attached hereto are 123 pages of records from Oak Haven Recovery Center. These said 123 pages of records are kept by Oak Haven Recovery Center in the regular course of business, and it was the regular course of business of Oak Haven Recovery Center for an employee or representative of Oak Haven Recovery Center with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Albert B. Hill
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this 21ST day of November, 2000, to
certify which witness my hand and seal of office.



Linda Davidson
Notary Public in and for
Gregg County, Texas

My Commission Expires:

7-18-2001

NAME: Murphy, Jeddiah Isaac ^{"Jim"} CASE: 75910
ADDRESS: 727 E. North Commerce, Wills Point, Van Zandt Co.
DOB: 9/1/75 RACE/SEX: W/M SS#: 456-71-260 75
LAST KNOWN FINANCIAL STATUS: INDIGENT/PAID FEE/INS/UNKNOWN
LOCATION & CASE MANAGER OF LAST SERVICE: OTRA - Bill Perry
ALLERGIES: NKA
PRESENTING PROBLEM: alcohol
ADM. DATE: 11/23/98 ICP. DATE: 11/29/98 DISCH. DATE: 12/13/98 TYPE OF SERVICE: Inpatient Substance Abuse
DISCHARGE DIAGNOSIS (AXIS I & II): I - 303.90 - Alcohol Dep
II V71.09 - No Diagnosis
DISCHARGE MEDICATIONS: None
STATE FACILITY HISTORY: None

**SABINE VALLEY CENTER
SUBSTANCE ABUSE SERVICES DIVISION
CLIENT CONTACT / REGISTRATION / ADMISSION / UPDATE**

K752216

Current Admission Date: 11/23/98
Update: 01/21/99

Staff Name: TRAMMELL, M.
Staff ID #: 08100

Form Use: C
U Reason:
RU #: 0411
Client ID: 75910

OHRC/D

CLIENT NAME: MURPHY, JEDIDIAH ISAAC
Sex: M
DOB: 09/01/75

Ethnic Group: WHITE
Age: 23

Social Security: 456-71-2610

Presenting Problem: 3
(3=Alcohol; 4=Drug)

CURRENT ADDRESS: 727 E. N. COMMERCE
City: WILLS POINT
State: TX Zip: 75169
Home Phone: (903) 873-6830

(LIVING WITH FAMILY/OTHER RELATIVES)

County: VAN ZANDT

REFERRAL SOURCE

Name: ANDREWS CENTER
Referral CODE: 52

Agency/Relation: MHMR

Legal Status This Admission: 2 1-Vol 2-Invol Civil 3-Invol Crim
Marital Status: LIVING W/SIGNIFICANT OTHER OF COMMON LAW CODE: 4
Children Under 19: 1 Custody: yes
If yes, # months:

Pregnant: NO

Primary Language: ENGLISH

Educational Level Achieved: 12

Employment Status: UNEMPLOYED

Reason Unemployed: S/A PROBLEM

Employer:

Occupation:

CODE: 2

CODE: 2

MEDICAL / TREATMENT INFORMATION

Current Medication: NONE
Medical Problems: NONE
Allergies: NKA

NOTES:

PRIOR TREATMENT HISTORY

Have you ever been treated for alcohol/drugs: no
Total # admissions to any substance abuse program: 0
Months since last discharge from any substance abuse program: 0

SUBSTANCE ABUSE RELATED INFORMATION

DRUGS OF CHOICE
CODE NAME

1ST 04 ALCOHOL
2ND
3RD

CASE: 75910
NAME: JEDIDIAH MURPHY
UNIT: 410-OHRC

CRIMINAL JUSTICE HISTORY

Times arrested for S.A. offenses within 120 days prior to this adm:3
Type of Violation(s): 1: OTHER ALCOH. RELATED 2:

Currently on Probation: yes County: VAN ZAND
Name of probation officer: KENNETH PRUITT
Currently on Parole: no City:
Name of parole officer:

Do you have any charges pending: no
If yes, explain:

Where:

CASE: 75910
NAME: JEDIDIAH MURPHY
UNIT: 410-OHRC

Office use only:

Date of admission: 11/23/58
Funding source: CCSTime of admission: 11:00 AM
Deposit paid: 0Name: (Last) MURPHY (First) JERIDIAH (Middle) (Jim) ISAACStreet address: 727 E NORTH COMMERCECity: WILLS POINT County: VAN ZANDT Zip Code: 75169Phone: 903-873-6830 SS#: 456-71-2610 Date of birth: 9-1-75 Age: 23Gender: ☒ Male*1 ☐ Female*2 Race: ☒ White*1 ☐ Black*2 ☐ Hispanic*6 ☐ OtherMarital status: ☐ Never married*1
☐ Married*2
☐ Widowed*3
☒ Living with significant other or married by common-law*4
☐ Divorced/separated with custody of children*6
☐ Divorced/separated without custody of children*7
☐ Divorced/separated with no children under the age of 19*8
☐ Unknown*9Referred to treatment by: ANDREWS CENTER
(Name of agency or individual who referred you for substance abuse treatment)

Living arrangement prior to admission:

- ☒
- Living with family, significant other or other relatives*1
-
- ☐
- Sharing house, apartment, etc. with unrelated individual*2
-
- ☐
- Living alone*3
-
- ☐
- Living in rehab. facility, nursing home, halfway house*5
-
- ☐
- Prison, jail or correctional halfway house*6
-
- ☐
- Other _____*7
-
- ☐
- Homeless (living on street, in a car or shelter for homeless)
-
- short term (less than one month or in transition)*4
-
- ☐
- Homeless (living on street, in a car or shelter for homeless)
-
- long term (more than one month)*8

How many children do you have under the age of 19? 1 Do you have custody? ☐ no ☒ yes
Number of children living in your household: 1 (Children, stepchildren, grandchildren, etc.)
If female, are you pregnant? ☐ no ☐ yes, _____ monthsHighest school grade completed: 12 (Ex.: If you completed 8th grade, 8 should be entered.)
Education level achieved: TECH DEGREE (Ex.: GED, high school diploma, technical degree, etc.)Number of months employed during the last 12 months: 12Approximate income last 12 months: \$35,000 27,000.

Sources of income:

- ☒
- Wages/salary*1
-
- ☐
- Retirement pension*3
-
- ☐
- Unemployment*5
-
- ☐
- Illegal gain*7
-
- ☐
- None*0
-
- ☐
- Public assistance*2
-
- ☐
- Disability*4
-
- ☐
- Family/friend support*6
-
- ☐
- Other*8

CLIENT: Jeridiah

employment status: ☒ Unemployed - not seeking employment*1
☐ Unemployed - looking for work*2
☐ Part-time - work less than 35 hours a week*3
☐ Full-time - work 35 or more hours a week*4
☐ Homemaker, student, disabled, retired, incarcerated or other*5

If unemployed, check primary reason for not working:
 (Check only one)

- ☐ Cannot find a job*0
☐ Health problems not chemical-dependency related*1
☒ Unable to keep job due to substance abuse problem -
 (laidness, poor job performance, substance abuse-related
 health problems)*2
☐ Taking care of family member(s) at home*3
☐ Attending school/vocational training*4
☐ Not interested in working*5
☐ Lack of transportation*6
☐ Lack of job skills*7
☐ Retired*8
☐ Other or not applicable (employed)*9
☐ Interested in working but haven't looked for a job*10
☐ Unemployed due to be incarcerated*11

Do you have any significant medical problems? ☒ no ☐ yes
 If yes, explain: _____

Are you currently on prescription drugs? ☒ no ☐ yes
 If yes, list: _____

Have you ever been treated at any of the following?:
 (If yes, check all that apply)

- ☐ Oak Haven
☐ DEAR Recovery
☐ Grove-Moore Center
☐ Kirkpatrick Family Center
☐ Woodbine Treatment Center
☐ WIN Program

Year: N/A
 Year: N/A
 Year: N/A
 Year: N/A
 Year: N/A
 Year: N/A

Number of DWI arrests during last 12 months: NONE
 Number of PI (public intoxication) arrests during last 12 months: 0
 Number of other drug/alcohol related arrests during last 12 months: 3

Legal status at admission: ☐ None*0
☐ Awaiting trial*1
☐ Pre-trial diversion/deferred prosecution*2
☐ Awaiting sentencing*3
☐ Probation (DWI)*5
☒ Probation (non-DWI)*6
☐ Parole*7
☐ In jail/prison/work release*8
☐ Other*9

If you are on probation or parole, name of your probation/parole officer: KENNETH FRUITT
 What county? VAN ZANDT

CLIENT: Jedidiah Murphy

Number of hospital admissions or emergency room visits during last 12 months: 6 (Doesn't have to be substance abuse problem.)

Number of prior admissions to any detox program: 0

Number of prior admissions to any non-detox substance abuse treatment program: 0

Months since last discharge from any substance abuse treatment program: 0 (if applicable)

Past IV drug use: ☒ no ☐ yes

Health insurance type:

- ☒ No health insurance*0
- ☐ Private insurance without substance abuse coverage*1
- ☐ Private insurance with substance abuse coverage*3
- ☐ Medicaid*5
- ☐ Medicare*6
- ☐ Champus, VA*7
- ☐ Other public funds for health care*8
- ☐ Unknown*9

Substance abuse patterns at admission:

Primary problem: Alcohol (alcohol or type of drug)

Number of days used last 30 days: _____

Average use in last six months: _____

- ☐ No use*A
- ☐ Less than once per month*B
- ☐ 1-3 times per month*C
- ☐ 1-2 times per week*D
- ☐ 3-6 times per week*E
- ☒ Daily*F

Most recent usual route of administration: _____

- ☒ Oral*1
- ☐ Smoking*2
- ☐ Inhalation*3
- ☐ IV/IM (needles)*4
- ☐ Other*6

Year you began using on a consistent or regular basis (not just experimenting): 88-89

Secondary problem: N/A (alcohol or type of drug)

Number of days used last 30 days: _____

Average use in last six months: _____

- ☐ No use*A
- ☐ Less than once per month*B
- ☐ 1-3 times per month*C
- ☐ 1-2 times per week*D
- ☐ 3-6 times per week*E
- ☐ Daily*F

Most recent usual route of administration: _____

- ☐ Oral*1
- ☐ Smoking*2
- ☐ Inhalation*3
- ☐ IV/IM (needles)*4
- ☐ Other*6

Year you began using on a consistent or regular basis (not just experimenting): N/A

Tertiary problem: _____ (alcohol or type of drug)

Number of days used last 30 days: _____

Average use in last six months: _____

- ☐ No use*A
☐ Less than once per month*B
☐ 1-3 times per month*C
☒ 1-2 times per week*D
☐ 3-6 times per week*E
☐ Daily*F

Most recent usual route of administration: _____

- ☐ Oral*1
☒ Smoking*2
☒ Inhalation*3
☐ IV/IM (needles)*4
☐ Other*6

Year you began using on a consistent or regular basis (not just experimenting): _____

During the last 30 days, how many days did you experience the following?:

- 0 Sickness or health problems not directly related to alcohol and/or drugs.
0 Employment and/or school problems (poor attendance, poor performance, inability to find work, etc.)
10 Family and/or marital problems (serious arguments, verbal or physical abuse, poor communication, not caring for children, etc.)
0 Peer and/or social relationship problems with others besides family (serious arguments, verbal or physical abuse, poor communication, etc.)
25 Emotional and/or psychological problems (serious depression, anxiety or tension; hallucinations, trouble understanding, remembering or concentrating, serious thoughts of suicide or attempted suicide)
10 Drug and/or alcohol problems (memory lapses, blackouts, shakes/tremors or other withdrawal symptoms, disturbing effects of drug/alcohol intoxication, craving, wanting to stop and not being able to do so)

Number of days in last 30 days you attended AA/NA meetings: 0

The information I have provided on this Database is true and correct to the best of my knowledge.



Client's signature

Date

As a back-up to our tracking system, please provide the following information:

Your mother's first name: HOPE ABBOTT (FIRST name only)


City where you were born: SONORA

 **TEXAS**
DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE 

CLASS: C	DL: 12468174
DOB: 09-01-75	HT: 5-10
EXPIRES: 09-01-01	EYES: BRN
DONOR: YES	SEX: M
REST: A	END:

MURPHY, JEDIDIAH ISAAC
6305 FM 429
KAUFMAN TX 75142

Jedidiah Murphy

97101163881 

Jedidiah Murphy
75960

SABINE VALLEY CENTER/FEE ASSESSMENT

Name: JEDIDIAH MURPHY

SE NO:
 Address: 777 E. NORTH COMMERCE
 City: WILLS POINT TX.
 Phone: 903-873-6830
 Social Security No: 456-71-2610

DOB: 9-1-75CO-PAYMENT BY: (TCADA, TRC, CONTRACT, INSURANCE) CCS

Family Size: 3 FEES BASED ON SLIDING SCALE
 % CHARGE: 50%

TOTAL FAMILY RESOURCES: 27,000.00

Current Gross Salary/Wage 35,000.00
 Spouse's Income _____
 Dividends/Interest _____
 Veteran's Benefits _____
 Unemployment _____
 Retirement Income _____
 Child Support _____

Rental Income/Net _____
 SS Insurance _____
 SS Income _____
 SS Disability I _____
 Worker's Comp _____
 Other() _____

TOTAL ANNUAL INCOME: unknown

CLIENTS AGREEMENT FOR PAYMENT OF SERVICES AND RELEASE OF SOCIAL SECURITY NO.
 I understand any charges not covered by third-party payments, or any charges used to meet the policy deductible, will be billed to me based on a sliding scale and I am responsible for all co-insurance portions of all covered charges, up to my assessed rate.

By signing this form, I understand that application is being made for services from Sabine Valley Center and I will pay for these services. I understand I can make monthly payments on my charges beginning one month after discharge. All information provided on this document is true and accurate as of the time of application. I agree to report any changes in my financial circumstances immediately.

I understand that I am giving permission to Sabine Valley Center to use my name and my Social Security number as part of the confidential TDMHR/TCADA Patient Data System which is for demographic and statistical purposes only. I acknowledge that releasing my Social Security Number is voluntary and that receipt of services is NOT contingent on submission of this information.

Comments: Client may pay out monthly after discharge.Client Signature: Jedidiah Murphy Date 11-23-18Staff Signature: [Signature] Date 11-23-18

 (This portion of the form is only completed if client has insurance.)

ATTACH COPY OF INSURANCE CARD
 THIRD PARTY REIMBURSEMENT

Insurance Co: _____
 Address: _____

Policy Number: _____

Name of Policy Holder: _____

Relationship: _____

SIGNMENT OF BENEFITS/AUTHORIZATION FOR RELEASE OF INFORMATION
 I authorize payment, under the medical insurance program, to be made to Sabine Valley Center. I also authorize release of any medical information necessary to process any insurance claims.
 Client Signature: NA Date: _____

SABINE VALLEY CENTER

CASE: 75940NAME: Jedidiah Murphy

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center

☒ OAK HAVEN ☐ DEAR ☐ KIRKPATRICK ☐ WOODBINE ☐ GROVE-MOORE ☐ BEGINNING

FINANCIAL AGREEMENT

CLIENT NAME: JERIDIAH MURPHY

ADDRESS: 727 E. NORTH COMMERCE
(Mail) (Physical)

HOME PHONE: 903-873-6830

BUSINESS: N/A

TOTAL ANNUAL INCOME: \$ 29,000.00

FAMILY SIZE: 3

Percentage Charge: 50%
50

BASED ON SLIDING FEE PERCENTAGE, YOUR COST WILL BE APPROXIMATELY: \$ 112.50 per month

Clients of Sabine Valley Center's Substance Abuse Services Division will receive monthly itemized statements.

Jeridiah Murphy have discussed with the treatment center staff my responsibility and capability of payment for services. I hereby agree to pay, to the best of my ability the sum of \$ 50 per month.

I also agree to allow Sabine Valley Center to file on my insurance and will be responsible for the unpaid balance.

If for some reason I am unable to make a payment as scheduled, I agree to contact the business office at (903) 938-5149 to make further arrangements.

I understand that if I have the ability to pay the agreed fee for service, but refuse to do so, I may be refused further substance abuse services until agreement on a payment schedule has been reached.

Client Signature: Jeridiah Murphy Date: 11-23-98

Staff Signature: Spencer Timmons, LMA Date: 11-23-98

cc: client chart

FINANCIAL AGREEMENT

NAME: Jeridiah Murphy
CASE#: 75910
INITIAL: 110 - OHRC

**SABINE VALLEY CENTER
INFORMED CONSENT FOR PERMISSION TO
PHOTOGRAPH / TAPE / VIDEO**

Check Appropriate Statement

✓ I, and / or my guardian hereby give permission / consent to have Sabine Valley Center photograph / tape / video for the purpose of identification.

 I, and / or my guardian refuse to allow Sabine Valley Center to photograph / tape / video for the purpose of identification.

 I, and / or my guardian give permission / consent to have Sabine Valley Center photograph / tape / video and to use the photograph (s) / tape (s) / video (s) in public awareness efforts, such as speeches articles in newspapers, magazines, television, etc.

 I and / or my guardian refuse to allow Sabine Valley Center to photograph / tape / video and to use the photograph (s) / tape (s) / video (s) in public awareness efforts, such as speeches, articles in newspapers, magazines, television, etc.

 I, and / or my guardian, hereby consent to give permission to Sabine Valley Center to make a tape recording and / or video taping of my therapy session with _____ (therapist name) on _____ (date). I and / or my guardian understand that this will be used only for the purpose of treatment by Sabine Valley Center staff.

This authorization expires in 90 days from the date it was signed.

Jedidiah Murphy
Signature of Consumer

Date and Time: 11-23-99, 11:10

Signature of Guardian

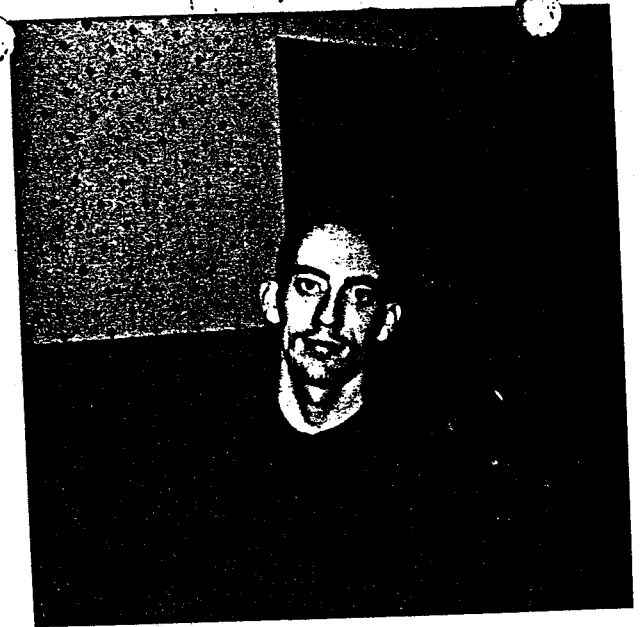
Date and Time:

Chen Celliot
Signature of Witness

Date and Time: 11-23-98 11:10

Signature of Witness

Date and Time:



[] OAK HAVEN [] DEAR [] KIRKPATRICK [] W.I.N. [] GROVE-MOORE [] WOODBINE [] BEGINNINGS

FOLLOW-UP PROGRAM/CONSENT FOR RELEASE OF INFORMATION

I understand that now that I am a client of one of Sabine Valley Center's Substance Abuse Programs, I will automatically be placed in the Follow-Up Program and hereby give my permission to Sabine Valley Substance Abuse staff to contact my family, friends and/or A.A./N.A. members listed below to find out how I am doing.

I also understand that information regarding my condition will not be given out by the Center staff.

SUGGESTED CONTACTS: (please give two follow-up sources)

- | | | | |
|--------------------------|------------------------------|---------------------|----------------|
| 1. <u>Hope Abbott</u> | <u>6305 E.M. 429 KAUFMAN</u> | <u>972-962-7443</u> | <u>Mom</u> |
| Name | Address | Telephone | Relationship |
| 2. <u>Chelsea Murphy</u> | <u>727 E. North Commerce</u> | <u>903-873-6830</u> | <u>Wife</u> |
| Name | Address | Telephone | Relationship |
| 3. <u>Logan Craft</u> | <u>101 E. South Commerce</u> | <u>903-873-2215</u> | <u>Grandad</u> |
| Name | Address | Telephone | Relationship |

<u>Jedidiah Murphy</u>	<u>12-13-98</u>
Signature of Client	Date
_____ Signature of Witness	_____ Date

RELEASE FOR FOLLOW-UP

NAME: Jedidiah Murphy
CASE#: 25910
UNIT #: 410-0426

ARC || DEAR || KFC || WIN || GMC || WIC || BEGINNING: Tyler, Henderson, Texarkana

Jedediah Murphy
(name of client)

(name of client)

09-01-75

(date of birth)

456-71-2610

(social security number)

abine Valley Center Substance Abuse Services Division
lak Haven Recovery Center, Rt 5 Box 120, Marshall, Texas 75670
(name of person/agency) (address)

(903) 938 - 5149

(telephone number)

Elizabeth Everett

(address)

County Court House

San Zant County Clerk's Office
(name of person/agency)

(name of person/agency)

Cont. Tax. 75 75103

(address)

903-567-6503

(telephone number)

PLEASE RELEASE THE FOLLOWING INFORMATION FROM MY RECORDS: (VERBALLY/WRITTEN)
Verification of Admission, Treatment Planning, Discharge Planning, Progress, Prognosis, Attitude, Referrals, Recommendation
(list specific information to be exchanged)

OR THE PURPOSE OF :

Probation Requirement and/or Coordination of Services

AUTHORIZATION EXPIRES ³⁰~~90~~ DAYS FROM THE DATE OF THIS FORM. DATE: 11-30-78 FORM EXPIRES: 12-30-78

I understand that I may revoke this authorization in writing at any time prior to the release of the information specified above.
This form was read [☒ BY ☐] TO me. I understand its meaning. All blanks were filled in before being signed by me.

signature: client)

Bill Perry LDC
(signature: witness, if appropriate)

signature: parent/guardian, if appropriate)

(signature: witness, if appropriate)

NAME STAFF PERSON RELEASING INFORMATION: (written) _____ (TITLE) _____ (DATE) _____

NOTICE TO RECIPIENTS OF INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by FEDERAL LAW. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of information without written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.

CONSENT FOR RELEASE OF INFORMATION FD-302a (Rev. 5-8-64)

NAME: Jedediah Murphy
CASE#: 75910

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center

☐ DAK HAVEN ☐ DEAR ☐ KFC ☐ WIN ☐ WTC ☐ GMC ☐ BEGINNING - Tyler, Henderson, Texarkana

EMERGENCY MEDICAL INFORMATION

JEDIDIAH MURPHY 09-01-75 456-71-2610 hereby authorize:
(Client Name) (Date of Birth) (Social Security Number)

SABINE VALLEY CENTER's SUBSTANCE ABUSE SERVICES DIVISION TREATMENT PROGRAMS
to contact: (MOM)

HOPE ABBOTT 6305 F.M. 429 972-962-7443
(Name - Relationship) (Address) (Phone Number)
(FIANCE) Wills Point, Kaufman, Tx.

CHELSEA WILLIS 727 E. NORTH COMMERCE 903-873-6830
(Name - Relationship) (Address) (Phone Number)
Wills Point, Tx.

In order for SVC's SASD Treatment Program to better serve me I am providing the following information regarding my health:

DRUG ALLERGIES: NO
OTHER KNOWN ALLERGIES: NO
MAJOR ILLNESS/HEALTH ISSUES: NO

RECENT SURGERY: NO

MEDICATIONS: NO

LAST FREQUENTLY USED DRUGS: NO alcohol
QUANTITY: 8-shots 8-beers LAST USED: 11-15-98

Jedidiah Murphy
Signature of Client

11-23-98
Date

Chen Culbert
Signature of Witness

11-23-98
Date

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center

X) OHRC ☐ DEAR ☐ KFC ☐ WIN ☐ WTC ☐ GMC ☐ BEGINNING: Tyler, Henderson, Texarkana

CLIENT RIGHTS RECEIPT ACKNOWLEDGEMENT

I HAVE RECEIVED A COPY OF THE SABINE VALLEY CENTER CONSUMER RIGHTS & RESPONSIBILITIES MANUAL, which includes my rights as a client of Sabine Valley Center, and my rights as a client of the Substance Abuse Services Division, as follows:

- (1) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- (2) You have the right to be free from abuse, neglect and exploitation.
- (3) You have the right to be treated with dignity and respect.
- (4) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- (5) You have the right to be told about the program's rules and regulations before you are admitted.
- (6) You have the right to be told before admission:
 - (a) the condition to be treated;
 - (b) the proposed treatment;
 - (c) the risks, benefits, and side effects of all proposed treatment and medication;
 - (d) the probable health/mental consequences of refusing treatment; and other treatments available and which ones, if any, might be appropriate for you.
- (7) You have the right to accept or refuse treatment after receiving this explanation.
- (8) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- (9) You have the right to a treatment plan designed to meet your needs and to take part in developing that plan.
- (10) You have the right to meet with staff to review and update the plan on a regular basis.
- (11) You have the right to refuse to take part in research without affecting your regular care.
- (12) You have the right not to receive unnecessary or excessive medication.
- (13) You have the right not to be restrained or placed in a locked room by yourself unless you are in danger to yourself or others.
- (14) You have the right to have information about you kept private and to be told about the times when information can be released without your permission.
- (15) You have the right to communicate with people outside the facility. This includes the right to have visitors, to make telephone calls, and to send and receive mail. This right may be restricted on an individual basis by your doctor or the person in charge of the program, if it is necessary for your treatment or for security, but even then you may contact an attorney or the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
- (16) You have the right to be told in advance of all estimated charges and any limitations on length of services that the facility is aware of.
- (17) You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
- (18) If you consented to treatment, you have the right to leave the facility within four (4) hours of requesting release unless a physician determines that you pose a threat of harm to yourself or others.
- (19) You have the right to make a complaint and receive a fair response from the facility within a reasonable time.
- (20) You have the right to complain directly to the Commission on Alcohol and Drug Abuse at any reasonable time.
- (21) You have the right to get a copy of these rights before you are admitted, including the Commission's address and phone number.
- (22) You have the right to have your rights explained to you in simple terms, in a way you understand, within 24 hours of being admitted.

X) I HAVE RECEIVED AN EXPLANATION and UNDERSTAND THE CLIENT RIGHTS.

Signature: Reddick Murphy Date: 11-23-98
 Signature: Client

Signature: Chen Collier Date: 11-23-98
 Signature: Staff providing the information

NAME: J. Murphy
 CASE#: 75910

SUBSTANCE ABUSE SERVICES DIVISION

of Sabine Valley Center

☒ OAK HAVEN ☐ DEAR ☐ KIRKPATRICK

VOLUNTARY CLIENTS - ADDITIONAL RIGHTS

addition to the rights described in the "Client Bill of Rights" voluntary clients in residential programs shall be advised as to the following rights with regard to requests for discharge:

- I. You have the right to leave the treatment facility within four hours after you tell a staff person you want to leave. If you want to leave, you need to say so in writing or tell a staff person. If you tell a staff person you want to leave, the staff person must write it down for you to ensure that it is documented. There are only three reasons why you would not be allowed to leave:
- A. First, if you change your mind and want to stay at the facility, you can sign a document that states that you do not wish to leave, or you can tell a staff member that you do not want to stay, and the staff member has to write it down for you.
 - B. Second, if your doctor thinks you need to stay longer and an "Application for Court-Ordered services or Emergency Detention" is filed with a judge, you may not be able to leave. The judge would be asked to decide if you should stay at the facility or if you should be allowed to leave. You can only be made to stay if the judge decides that either:
 1. you are likely to cause serious harm to yourself;
 2. you are likely to cause serious harm to others; or
 3. your condition will continue to deteriorate and you are unable to make an informed decision as to whether or not to stay for treatment; and
 4. your application must be filed within the next business day after the doctor's examination.
 - C. Third, if you are under 16 years old, and the person who admitted you (your parents, guardian, or conservator) doesn't want you to leave, you may not be able to leave. If you request release, staff must explain to you whether or not you can sign yourself out and why. The facility must notify the person who does have authority to sign you out and tell that person that you want to leave. The person must talk to your doctor, and your doctor must document the date, time and outcome of the conversation in your medical record.
- II. Within four hours of telling staff you want to leave, you have the right to be examined face-to-face and assessed for discharge readiness by your doctor, with input from your treatment team. The doctor must note in your medical record and tell you about plans to file an application for court-ordered treatment or for detaining you for other clinical reasons. If the doctor finds that you are ready to be discharged, you should be discharged without further delay.
- III. Nobody can ask a judge to commit you for services while you are a voluntary client unless you leave the facility without permission or you refuse or are unable to consent to appropriate and necessary treatment. Even if you leave the facility without permission or refuse or are unable to consent to appropriate and necessary treatment nobody can ask a judge to commit you unless:
- A. you are likely to cause serious harm to yourself or others; or
 - B. your condition will continue to deteriorate and you are unable to make an informed decision as to whether or not to stay for treatment. If an order of protective custody is sought, the doctor must show that as a result of your deteriorating condition, you are very likely to present a risk of serious harm to yourself or others.

☒ I HAVE RECEIVED AN EXPLANATION OF THE ADDITIONAL CLIENT RIGHTS FOR RESIDENTIAL PROGRAMS.

☒ I UNDERSTAND THE CLIENT RIGHTS.

☒ I HAVE RECEIVED A COPY OF THESE RIGHTS.

Kedrick Murphy 11-23-98
Signature: Client Date

Chen Gilbert 11-23-98
Signature: Staff providing information Date

NAME: J. Murphy
CASE#: 75910

SUBSTANCE ABUSE SERVICES DIVISION of Sabine Valley Center

☒ OAKHAVEN ☐ DEAR RECOVERY ☐ KIRKPATRICK ☐ W.I.N. ☐ GROVE-MOORE ☐ WOODBINE
☐ BEGINNINGS - Tyler, Henderson, Texarkana

GRIEVANCE PROCEDURE

Clients have the right to file a grievance or any complaint, against any Sabine Valley Center staff member or volunteer, including but not limited to, complaints about violations of client rights or TCADA standards and discrimination regarding sex, race, age, religion or disability. You may complain directly to any staff member, however we suggest you start with your primary counselor. Action will be taken to resolve all grievances/complaints promptly and fairly.

Employees at each program site will answer questions about client rights and assist clients, upon request, in filing complaints. Clients shall be provided with pens, paper, envelopes and postage for filing complaints upon request. Clients are allowed access to a telephone in order to call the Texas Commission on Alcohol and Drug Abuse and/or any of the groups listed below to file a complaint.

Any client grievance involving a staff member must be submitted in writing to the Client Management Committee, consisting of the two most senior members of the treatment program and any other two responsible clients they select. The Client Management committee will investigate all such grievances along with the Program Supervisor and the staff member(s) involved within 24 hours (72 on weekends). It is the Supervisor's responsibility to see that all persons concerned are fairly heard and to notify anyone involved of the findings and recommendations within seven (7) calendar days.

Any grievance involving a client against another client must be submitted in writing to a counselor or supervisor. The counselor or supervisor and the persons involved will investigate the grievance and deal with it in group therapy as soon as possible. The Program Supervisor will have the deciding position in solving all disputes.

Clients not satisfied by the above procedures may use the Administrative Line of Authority of Sabine Valley Center. The Center's Client Rights Officer (telephone 903-234-0272) and Executive Director (telephone 903-758-2471) shall implement the Center's procedures to investigate suspected client abuse and/or neglect.

ADVOCACY

Clients of Sabine Valley Center have the right to assistance, advice or representation from the various advocacy groups in our area and state. Clients may call the following with questions, complaints, concerns, suggestions, or to report client or child abuse and/or neglect:

TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE
9001 N. IH 35, St. 105, Austin, Texas 78753
1-800-832-9623

TEXAS DEPARTMENT OF MHMR
Client Services & Rights Protection Hot line
1-800-252-8154

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES
Child Abuse Hot line
1-800-544-9731

STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 2018, Austin, Texas 78768-2018
1-512-305-7010

U.S. DEPARTMENT OF CIVIL RIGHTS, HEALTH & HUMAN SERVICES
1200 Main Tower, Dallas, Texas 75202
1-214-767-4056

SABINE VALLEY CENTER
Office of Client Rights and Protection
1-903-234-0272

SABINE VALLEY CENTER
Crisis Hot line
758-4480 or 1-800-832-1009

PUBLIC RESPONSIBILITY COMMITTEE
P.O. Box 8021, Longview, Texas 75607
1-800-661-4772

ADVOCACY, INCORPORATED
Client Rights Protection and Services
1-800-262-9108

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
8610 Shoal Creek Blvd., Austin, Tx 78759
1-512-406-5752

Complaints, which cannot be resolved by procedures of the Sabine Valley Center shall be forwarded to the Texas Commission on Alcohol and Drug Abuse for resolution through their Board of Inquiry and/or the Texas Department of MHMR.

I understand the Grievance Procedure. I have received an explanation and copy of the procedure and placed it in my Client Book.

Signature / Client

Date: 11-23-98

Date: _____

Signature / Counselor (if other than client)

Date: 11-23-98

Signature / Staff providing information

SUBSTANCE ABUSE SERVICES DIVISION

of Sabine Valley Center

☐ OAK HAVEN☐ DEAR☐ KIRKPATRICK☐ WIN☐ WTC☐ GMC☐ BTC

VOLUNTARY CONSENT TO TREATMENT

I agree to actively participate in all aspects of my substance abuse treatment as it relates to my specific problem at Sabine Valley Center and fully understand that the success of my treatment depends on my full cooperation. I realize that failure to participate in the treatment plan designed for my individual need may result in my being discharged from the program. I understand that if I choose to leave before the staff deems advisable, such actions may restrict future admissions to this program and 60 days must elapse before I am eligible to reenter the program.

I give my consent to:

- ☒ submit to drug screens when requested by staff and understand that refusal could result in termination of treatment in which case appropriate referrals will be made;
- ☒ submit to room search when applicable by staff should it become necessary for my safety or others;
- ☒ the staff to self-administer/administer medication as applicable, advise me of proper care and to otherwise treat me as deemed necessary;
- ☒ participate in housekeeping activities and small scale fundraising activities for client special events;
- ☒ the staff that in the event my physical or mental condition is determined to require the services of a doctor or hospital or any other agency I will be referred to the appropriate service(s) and in an emergency will be transported by ambulance or Center vehicle to the most available service.

During the admission process, I was informed of, had explained to me, and been oriented to the following:

☒ Program philosophy☒ Nature of Specific condition to be treated, process and purpose of Treatment☒ Expected benefits of treatment and the probable physical/mental health consequences of not consenting☒ Staff Performing Services and their Credentials☒ Cost of Treatment☒ Program Rules and Regulations including Level/Phase System, visits, phone calls, mail, gifts, etc.☒ Expectations of client participation, behavior and disciplinary process☒ Opportunities for family/significant others involvement in treatment.☒ Potential Risks (Medication)/Inpatient Programs☒ Alternative Treatments or Services Available☒ Client Rights & Grievance Procedure

☒ Confidentiality is protected by Federal law and regulations with information released if client consents in writing, court order is presented, or a medical emergency. Federal laws do not protect information, re: suspected child abuse/neglect or a crime committed either at the program or against any person who works for the program or any threat to commit such a crime.

☐ Other: _____

I understand the financial costs of my treatment and agree to assume full responsibility for payment as agreed in the Financial Agreement.

I understand and have received a verbal explanation along with a copy of the "Client Handbook" containing the above information and being fully informed of all the above, voluntarily consent to treatment. I understand I may revoke this consent at any time for any reason.

Signature of Client

Date

Signature of Witness

Date

VOLUNTARY CONSENT TO TREATMENT

SASD#005 5/97 r.8/97. 1/98.volcon

NAME: Jeddiah Murphy

CASE#: 75910

UNIT#: 410/411

SUBSTANCE ABUSE SERVICES DIVISION

of SABINE VALLEY CENTER

X] OAKHAVEN [] DEAR [] KIRKPATRICK [] W.I.N. [] GROVE-MOORE [] WOODBINE [] BEGINNINGS: Tyler, Henderson, Texarkana

FOLLOW-UP PROGRAM/CONSENT FOR RELEASE OF INFORMATION

I understand that as a client of one of Sabine Valley Center's Substance Abuse Programs, I will automatically be placed in the Follow-Up Program and hereby give my permission to Sabine Valley Substance Abuse staff to contact my family, friends and/or A.A./N.A. members listed below to find out how I am doing regarding my recovery, health, financial status, living situation and children.

I also understand that information regarding my condition is strictly confidential and will not be given out by the Center staff. This information is used for statistical purposes only.

SUGGESTED CONTACTS: (please give at least two follow-up sources)

1. HOPE ABBOTT	6305 F.M. 429	970-962-7443	MOM
Name	Address Kaufman, Tx	Telephone	Relationship
2. CHAELSEA WILLIS	727 E. NORTH COMMERCE	903-873-6830	FIANCE
Name	Address Wills Point, Tx	Telephone	Relationship
3. _____	_____	_____	_____
Name	Address	Telephone	Relationship

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance herein, and if not earlier revoked, it shall terminate on 90 days FROM LAST DATE OF CLIENT/FACILITY CONTACT without expressed revocation.

Signature of Client	Jedidiah Murphy	Date	11-23-98
Signature of Witness	Cheri Culbert	Date	11-23-98

RELEASE FOR FOLLOW-UP

NAME: Jedidiah Murphy
CASE#: 25910

NAME: Jedidiah Murphy
CASE#: 75910

NO. JM

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

JM

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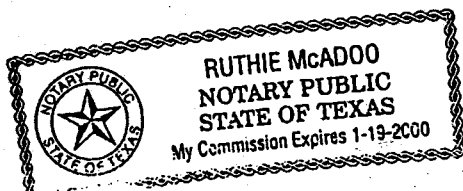
99 NOV 23 PM 2:01
IN THE COUNTY COURT

REF.
VAN ZANDT COUNTY, TEXAS

WAIVER OF PROBABLE CAUSE HEARING BY PATIENT

I, JEDIDIAH MURPHY, the proposed patient in the above entitled and numbered cause, and for my own and/or others' protection, hereby waive my opportunity to appear and present evidence at a Hearing on Probable Cause. In this regard I would stipulate that if a hearing were held, the evidence would support the determination of and a hearing officer could reasonable conclude, that an adequate factual basis exists for probable cause to believe that I present a substantial risk of serious harm to myself or others such that my detention in protective custody should continue pending the commitment hearing, if any.

SIGNED this 23 day of November, 1998.



Jedidiah Murphy
JEDIDIAH MURPHY

SUBSCRIBED AND SWORN TO BEFORE ME on this 23rd day of November, 1998.

Ruthie McAdoo
Notary Public In and For the State of Texas

NO. 1682

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

JM

AS A CHEMICALLY DEPENDENT PERSON §

IN THE COUNTY COURT

VAN ZANDT COUNTY, TEXAS

**ORDER APPOINTING ATTORNEY, FOR INSPECTION
SETTING HEARINGS, AND FOR NOTICE**

On this the 20 day of November, 1998, it having been called to the attention of the Court that an Application for Court-Ordered Chemical Dependency Treatment Services for JEDIDIAH MURPHY as a Proposed Patient, has been filed in the above-referenced cause, accompanied by a Certificate of Medical Examination for Chemical Dependency, and, if applicable, a Motion for an Order of Protective Custody:

IT IS THEREFORE ORDERED:

1. That J. PATRICK SPRUIELL is appointed Attorney to represent the proposed patient; that said attorney shall be furnished with all records and papers, and shall have access to all hospital and doctors' records in said cause; and that, to ensure effective communication between said attorney and the proposed patient, any necessary interpreters be likewise appointed.
2. That, if applicable, a hearing on probable cause be held on NOVEMBER 23, 1998, at 1:30 P.M. at Van Zandt County Courthouse, Canton, Texas.
3. That said Application be and the same is hereby set to be heard on DECEMBER 1, 1998 at 1:30 P.M. at Van Zandt County Courthouse, Canton, Texas.
4. That the Clerk of the Court issue Notice of Hearings to the Proposed Patient, who also shall be personally served with copies of the Application and Certificate, and if applicable the Order of Protective Custody, as soon as possible within a reasonable period of time prior to the time of the Probable Cause Hearing, if any.
5. That the Clerk of the Court appear and be present with all papers filed in this cause at the hearings specified above.


R. W. LAWRENCE, COUNTY JUDGE
VAN ZANDT COUNTY, TEXAS

J. Murphy
75910

CLERK'S RETURN FOR MAILING COPY OF APPLICATION
AND NOTICE OF HEARING

(Applicable only if the patient is a minor or the subject of a guardianship)

On the _____ day of _____, 19____ at ____ o'clock ____m., a true and correct copy of this Notice and the Application was sent by certified mail to _____, the parent, guardian, or managing conservator as the case may be, of the proposed patient.

To certify which witness my hand officially.

ELIZABETH EVERITT, COUNTY CLERK
Van Zandt County, Texas

By: _____
Deputy

OFFICER'S RETURN

Cam to hand on the ____ day of _____, 19____, at ____ o'clock ____m., and executed in _____ County, Texas, by delivering to the within named patient, at ____ o'clock, ____m., with a true and correct copy of the petition thereon attached.

To certify which witness my hand officially.

Sheriff/Constable
Van Zandt County, Texas

By: _____
Deputy

J. Murph
75960

NO. 1682

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

JM
A CHEMICALLY DEPENDENT PERSON

§ 86.001 IN THE COUNTY COURT
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§ VAN ZANDT COUNTY, TEXAS

ORDER OF PROTECTIVE CUSTODY FOR CHEMICAL DEPENDENCY

TO: Any Peace Officer

WHEREAS, a sworn Application for the Court-Ordered treatment of JEDIDIAH MURPHY, hereinafter called "Proposed Patient," is pending in the above-referenced Court, and here also having been filed by the appropriate representative of the State, a Motion for an Order of Protective Custody, accompanied by a physician's Certificate of Medical Examination for Chemical Dependency showing that the proposed patient has been examined not later than five (5) days before the filing of such certificate;

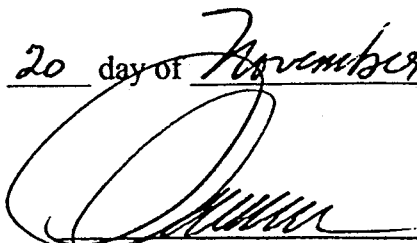
And, WHEREAS the Court has considered said Application, Motion, Certificate, and taken further evidence, if any was needed for a fair determination of the matter, and has resolved that the conclusions and beliefs of the applicant, movant and certifying physician are adequately supported by the information presented;

And WHEREAS the Court has thereby determined that the certifying physician has stated his opinion and his detailed basis, that the proposed patient is a chemically dependent person; and has further determined that said proposed patient presents a substantial risk of serious harm to self or others if not immediately restrained pending a hearing on probable cause;

Now THEREFORE, you are hereby ORDERED to take the person of the proposed patient into protective custody and immediately transport such person to the following treatment facility or suitable place for detention OAKHAVEN HOSPITAL, MARSHALL, TEXAS where said proposed patient is to be detained according to law, pending a Probable Cause hearing or upon further Order of the Court.

HEREIN FAIL NOT, but of this Order made due return to said Court showing how you have executed the same.

GIVEN UNDER MY HAND this 20 day of November, 1998.


R.W. LAWRENCE, COUNTY JUDGE

VAN ZANDT COUNTY, TEXAS

RECEIVED AT OAKHAVEN HOSPITAL, MARSHALL, TEXAS

_____, 1998

Head of Facility

BY: _____
Designee

J. Murphie
75960
1, 11

NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

J M
(Initials Only)

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IN THE COUNTY COURT OF

VAN ZANDT COUNTY, TEXAS

**PHYSICIAN'S CERTIFICATION OF MEDICAL EXAMINATION
FOR CHEMICAL DEPENDENCY**

I, the undersigned, a person licensed to practice medicine in the State of Texas, or a person employed by an agency of the United States having a license to practice medicine in any state of the United States, do hereby certify, to wit:

1. That my name and address is HA Daus MD
Andrews Center Canton, TX
2. That on the 19 day of November, 1998, at the following location:
Andrews Center, I evaluated and examined Jedidiah
Murphy, hereinafter called "Patient."
3. Prior to this examination, the Patient
(☒) was
() was not

informed that communications with me would not be privileged.

4. The Patient, whose address is 727 E N Commerce Wills Point, TX
_____, has been under my care for the following, if any, period of time: 5 mos

5. An accurate description of the treatment, if any, given by me or administered under my direction is as follows: psychotropic medication

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION
FOR MENTAL ILLNESS - Page 1
form 1.1 mental/PHYSICIAN/CERT

J. Murphy
75910

6. (NOTE: MUST BE COMPLETED IN EVERY CASE TO SHOW PATIENT IS CHEMICALLY DEPENDENT AND IS LIKELY TO CAUSE SERIOUS HARM TO SELF OR OTHERS OR MAY DETERIORATE.)

That I am of the opinion that the Patient is chemically dependent, and (check the box of the criteria which applies to the Patient):

- (☒) is likely to cause serious harm to himself; or
- () is likely to cause serious harm to others; or
- () will, if not treated, continue to suffer severe and abnormal mental, emotional or physical distress and will continue to experience deterioration of his ability to function independently and is unable to make a rational and informed decision as to whether or not to submit to treatment.

The detailed basis for this opinion is as follows:

A. On or about (date) 11-19-98 the above named person said the following:

1. Pr states he cannot control alcohol

2. _____

3. _____

4. _____

B. On or about (date) 11-18-98 the above named person committed the following acts:

1. Pr overdosed on 40 pills

2. _____

3. _____

4. _____

7. (NOTE: COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF A MOTION FOR AN OPC. IT IS NOT SUFFICIENT TO RESPOND BY REFERENCE TO ANY OTHER ITEM IN THIS CERTIFICATE.)

That I am further of the opinion that the Patient presents a substantial risk of serious harm to self or others if not immediately restrained, which is demonstrated by

(☒) the person's behavior; or

() by evidence of severe emotional distress and deterioration in his mental condition to the extent that the person cannot remain at liberty.

The detailed basis for this opinion is as follows:

A. On or about (date) 11-19-98 the above named person said the following:

1. States he cannot control alcohol consumption

2. _____

3. _____

4. _____

B. On or about (date) 11-18-98 the above named person committed the following acts:

1. Overdosed on 40 pills

2. _____

3. _____

4. _____

8. (NOTE: COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF COURT-ORDERED EXTENDED CHEMICAL DEPENDENT TREATMENT SERVICES OR A RENEWAL OF SAME.)

That I am additionally of the opinion that the Patient's condition, as set out in item 7 above, is expected to continue for more than ninety (90) days, the detailed basis for this opinion being:

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION
FOR MENTAL ILLNESS - Page 3
Forms/mental/PHYSICIAN.CERT

J. Murphy
11-75910
11-11-10

Signed and dated on this the 19 day of November, 1998

W. Adams MD

Examining Physician

1998 SWORN TO AND SUBSCRIBED before me, this the 19 day of November.



Lesa N. Flowers
Notary Public in and for the State of Texas

#115646

JEDIDIAH MURPHY

727 Commerce

Wills Point, Texas 75169

Van Zandt County

S.S. 456-71-2610

DOB 09-01-75

22 WM

DENIAL OF ADMISSION

The patient is a ³27 year old single white male and this is his 3rd TSH evaluation and denial since June of 1998.

CHIEF COMPLAINT: The patient states that he took a "dangerous overdose" in taking "over 40 sleepers." The patient took 32 Unisom and had no significant untoward reaction. Patient insists that "I don't like my life or who I am." The patient and the mother were seen together. It is clear that the patient is a severe polysubstance dependent person with underlying personality disorder. He has been to the Andrews Center "for months and months" and insists that all of their efforts with supportive psychotherapy and medications "are useless." Patient insists that he has "no drug dependency problem but for some reason whenever I drink I go to jail." The patient indicates that he has never completely stopped drinking alcohol and insists that he can control his intake himself which is contradicted by his record as well as from what his mother stated. Patient also has learned nothing from his alcoholic father whom apparently suicided around the age of 40. The patient, in short, has never gone to a drug treatment center because he does not regard his drinking of alcohol to be a significant problem! Patient owns a house in Wills Point and works periodically as a welder. He last worked 1 week ago and broke his several months sobriety. He barely recalls going to see his fiancée and his child and saying farewell to both, at which point he took the overdose of Unisom with plenty of warning to others that he intended to do so. Patient was immediately found and transported to the hospital for a short stay.

His admission is denied because the patient has been unwilling to obtain treatment at a drug treatment center. Until he does so, there is no possibility of dealing with the underlying problems, which the mother and finally the patient reluctantly concurred. The patient therefore was referred back to the Andrews Center for their specific referral for drug detoxification and withdrawal. The patient understood that this is not simply to sober up but to combat the psychological dependency which he has exhibited probably over the last 15 years. Prognosis is guarded.

Willard Gold, M.D.
WG:ch

WPG
11/19/98
729/A

November 18, 1998 23:46

November 19, 1998 07:03

J. Murph
75910
undlnttr

ANDREWS CENTER

SERVICE TRANSACTION/PROGRESS NOTE

NAME: Jedidiah Murphy

CASE #:

GAF:

LOCATION:

DATE: 11/19/98

Trans Status	Server ID	Service Code	Start Time	Stop Time	Place of Service	Recipient	Telephone	Group Size	Bill?	Consumer Fee
	1710		1130 ^(A) _P	125 ^(A) _P			Y N		Y/N	
			A P	A P			Y N		Y/N	
			A P	A P			Y N		Y/N	
			A P	A P			Y N		Y/N	

PROGRESS ON OBJECTIVE: 23yo male walked into facility in crisis. He tried to O.D. last night on "Unisom" after his wife left him. His wife reportedly left due to his alcohol binges. Client has

GENERAL COMMENTS: long history of alcohol dependence being a daily drinker "obsessed" with the idea of drinking alcohol. Tried to quit on his own - no benefit. When he starts drinking he can not stop. He meets DSMIV criteria for Alcohol Dependence for the following reasons: Substance taken in larger amounts than intended, persistent desire & unsuccessful attempts to control use, great deal of time spent in activities necessary to get alcohol, important social & occupational activities because of alcohol use and finally, alcohol is used despite realizing he has a problem and alcohol is a major factor. Client is willing to accept help at this time. His family supports

Staff Signature/Title: _____

CMHR-232-875

Medical Records - Blue

Business Office - White

him getting help. W. Miller LMSW-ACP 1710 J. Murphy

NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTIVE OF

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IN THE COUNTY COURT

(Initials Only) §

AS A CHEMICALLY DEPENDENT PERSON

VAN ZANDT COUNTY, TEXAS

APPLICATION FOR COURT-ORDERED TREATMENT SERVICES

Now comes, Jeff Gabott, an adult person, hereinafter called "Applicant," who after being duly sworn files this Application for Court-Ordered Treatment Services with the Court of the county where the following alleged chemically dependent person resides, or in which the proposed patient is found or in which the patient is receiving treatment services by court order or under the emergency detention provisions of the Texas Alcohol and Drug Abuse Services Act and would show the Court the following:

"1. That Deidra J. Murphy, hereinafter called Proposed Patient, is a resident of Van Zandt County, Texas, having his/her street address at 127 North East Commerce, Wells Point, TX 75987.

2. That the Proposed Patient is suffering from chemical dependency and as a result, the person:

(☒) is likely to cause serious harm to himself; or

() is likely to cause serious harm to others; or

(☒) will continue to suffer abnormal mental, emotional, or physical distress, will continue to deteriorate in ability to function independently if not treated, and is unable to make a rational and informed choice as to whether or not to submit to treatment.

3. That the Proposed Patient IS NOT charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person (not including a juvenile alleged to be a child engaged in delinquent conduct or conduct indicating a need for supervision as defined in Section 51.03, Family Code.)

WHEREFORE, Applicant prays that the Court set a date for a hearing on the merits, not less than three (3) nor more than fourteen (14) days from the filing of this Application; that the Proposed Patient be personally served as the Court directs with a copy of this Application and any Order fixing time of hearing; that the Court appoint an attorney

J. Murphy
75910

NO. _____

THE STATE OF TEXAS FOR
THE BEST INTEREST AND
PROTECTIVE OF

IN THE COUNTY COURT

(Initials only)

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VAN ZANDT COUNTY, TEXAS

GENERAL INFORMATION

1. Applicant's name, address, and phone number: Jedidiah Murphy

2. Relationship, if any, to patient: _____

3. Patient's age and date of birth: 23 9-1-75

4. If patient is a minor or the subject of a guardianship, the parent(s), managing conservator, or guardian, and their address for service:

5. Person(s) or estate, and their address(es), responsible for costs and expenses:
Self

6. Private Attorney, if any, representing patient: _____

7. Physician/Psychiatrist, if any, treating patient: _____

8. Prior psychiatric/chemical dependency history: 7-2-98 began Treatment for Depression.

9. The proposed patient has the following pending criminal charges:

J. Murphy
75910

10. Current temporary expiration date: _____

11. How entered hospital: Emergency without a warrant? _____
(attach Mental Health Unit copies) _____
Emergency with a warrant? _____

(attach copies)

Voluntary: Written request for release _____
(copy attached)
Absent without authorization _____
Refuses or unable to consent to treatment _____
(attach letter from Head of Facility)

12. Date, time and circumstances of emergency detention: _____

13. Acts leading to application: _____

14. The proposed patient has filed the following criminal charges against me: _____

15. Witnesses' name, addresses, and phone numbers: _____

16. What mental facility or chemical dependency treatment facility is proposed patient going to? If private facility, consent must be obtained (Attach letter of confirmation):
Oakhaven in Marshall - 903-938-5140 - Scheduled
for admission on 11/23/98. - Talk to Twyla at
oakhaven for
additional info.

J. Murphy
75910

17. Person or agency who is to transport patient:

Dated the _____ day of _____, 19____.

APPLICANT

SUBSCRIBED AND SWORN TO before me on this the _____ day of _____
_____, 19____.

Notary Public, State of Texas

Form/Miscellaneous/General Inf

J. Murphy
75910

NO. 1682 FOR RECORD

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

JM

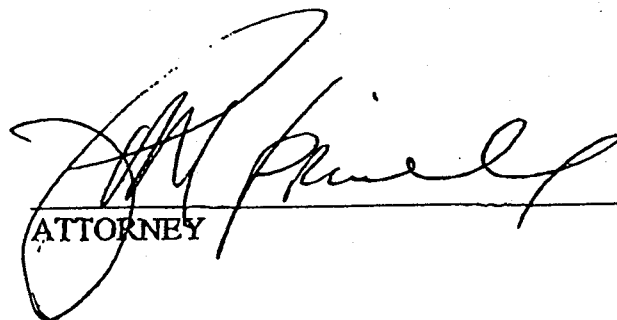
98 DEC -1 AM 11:10 IN THE COUNTY COURT
§ FULTON COUNTY CLERK
§ COUNTY CLERK, VAN ZANDT CO., TX.

§ BY _____ VAN ZANDT COUNTY, TEXAS

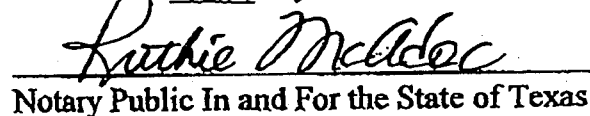
WAIVER OF TEMPORARY CHEMICAL DEPENDENCY
TREATMENT HEARING BY PATIENT

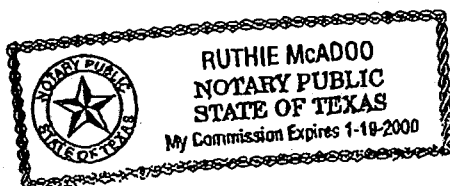
I, J. PATRICK SPRUIELL, attorney for Jedediah Murphy, the proposed patient in the above entitled and numbered cause, hereby waive his appearance at a Hearing on Temporary Chemical Dependency Treatment.

SIGNED this 1 ^{December} day of November, 1998.


ATTORNEY

SUBSCRIBED AND SWORN TO BEFORE ME on this 1 day of November, 1998.


Notary Public In and For the State of Texas



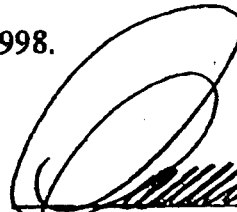
Jedediah Murphy
75910

**ACCEPTANCE OF WAIVER OF TEMPORARY CHEMICAL
DEPENDENCY HEARING
AND
ORDER OF CONTINUED DETENTION**

On this day came on to be considered the above Waiver of Temporary Chemical Dependency Treatment Hearing, and the same having been examined by, and it appears to, the court that said Waiver is satisfactory and is supported by evidence, the same is hereby ACCEPTED and it is hereby ORDERED that JEDEDIAH MURPHY detention in protective custody shall continue.

It is additionally ORDERED that copies of said Notification and the supporting evidence be filed with the Court that entered the original Order of Protective Custody.

SIGNED this 18 day of ~~NOVEMBER~~ ^{DECEMBER}, 1998.



R.W. LAWRENCE, COUNTY JUDGE
Van Zandt County, Texas

FILED FOR RECORD
NO. 1682

98 DEC -1 AM 11:09

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

IN THE COUNTY COURT

§
RAYMOND EVERITT
COUNTY CLERK, VAN ZANDT CO., TX.BY §
§DEP.
VAN ZANDT COUNTY, TEXASJM
AS A CHEMICALLY DEPENDENT PERSON**ORDER FOR CHEMICAL DEPENDENCY TREATMENT**

On this 1st day of December, 1998, came on to be heard the Application for Chemical Dependency Treatment Service in the above-numbered and entitled cause alleging that JEDEDIAH MURPHY, hereinafter called "Patient," is chemical dependent person who requires treatment for chemical dependency; and trial by jury having been properly waived, J. PATRIC SPRUIELL, the attorney representing the Patient, announced ready, and all matters of fact and law were submitted to this, the Court having jurisdiction of commitments of the county in which the Patient resides, is found, or is receiving Court-ordered treatment, and the Court finds as follows:

That all necessary notices and copies of the Application have been served as required by law, and that, all of the applicable terms and conditions of Chapter 462, Texas Health and Safety Code, have been complied with.

That on file with the Court in this cause along with said Application are sworn Certificates of Medical Examination for Chemical Dependency by two physicians who did each examine the Patient within 30 days of the final hearing; and that each physician therein states their opinion that the proposed patient is a chemically dependent person and which sworn statements further include each physicians' medical opinions that, because of chemical dependency, the proposed patient meets the criteria for court ordered chemical dependency treatment.

That after considering all of the evidence including the expert, competent medical or psychiatric testimony, it appears to the Court that the allegations of the Application and Certificates are true and correct and are supported by clear and convincing evidence.

It is therefore found and determined that the patient is a chemically dependent person, and that because of chemical dependency, is

mu

is likely to cause serious harm to self;

is likely to cause serious harm to others; or

mu

will, if not treated, continue to suffer severe and abnormal mental, emotional or physical distress and will continue to deteriorate in ability to function

independently if not treated, and is unable to make a rational and informed choice as to whether or not to submit to treatment.

Accordingly, it is ORDERED that the patient be and is hereby committed to the following approved inpatient treatment facility: OAKHAVEN HOSPITAL, MARSHALL, TEXAS for a period not to exceed 90 days so as to arrest such chemical dependency or until discharged by the head of such treatment facility. If the patient is still under treatment pursuant to this commitment, the facility's staff is ORDERED to review the patient's case and, if necessary, file for a renewal of treatment not later than 14 days prior to the expiration of this Order.

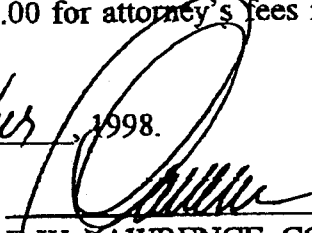
It is further ORDERED that the Clerk of this Court issue a Writ of Commitment in duplicate directed to the responsible person authorized to transport the patient, commanding him to take charge of the patient and to transport the patient to the above designated treatment facility.

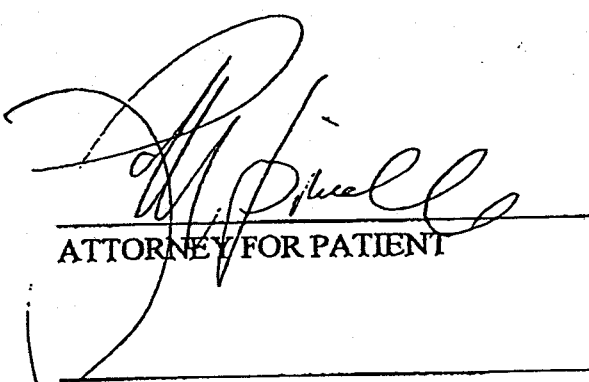
The head of such treatment facility, upon receiving a copy of the Writ of Commitment and admitting the patient, shall give a written statement acknowledging acceptance of the patient and file it with the Clerk of this Court.

The Clerk of this Court is further ordered to prepare two certified transcripts of this proceeding, and shall send one to the Texas Commission on Alcohol and Drug Abuse Services and one to the head of the treatment facility to which the patient is committed, together with any available information concerning the medical, social, and economic status and history of the patient and his/her family.

It is further ORDERED that the above attorney, appointed to represent the patient, be and is hereby allowed reasonable compensation of \$60.00 for attorney's fees in this case, and said compensation shall be taxed as costs.

SIGNED this the 1st day of December, 1998.


R.W. LAWRENCE, COUNTY JUDGE
VAN ZANDT COUNTY


ATTORNEY FOR PATIENT

PATIENT

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

JM
AS A CHEMICALLY DEPENDENT PERSON

FILED FOR RECORD
NO. 1082

98 DEC -1 AM 11:09

IN THE COUNTY COURT

ELIZABETH EVERITT
COUNTY CLERK, VAN ZANDT CO., TX.

§
BY § _____ DEPT. VAN ZANDT COUNTY, TEXAS

WRIT OF COMMITMENT

TO: ANY PEACE OFFICER

WHEREAS by Order dated the 1st day of Dec., 1998, in the above-referenced case, JEDEDIAH MURPHY, hereinafter called "Patient," was committed for chemical dependency treatment at the following approved treatment facility: OAKHAVEN HOSPITAL, MARSHALL, TEXAS for a period not to exceed 90 days; and said Order further authorizing and commanding you take charge of the Patient and to transport said Patient to said treatment facility.

THEREFORE, you are hereby authorized and commanded to take charge of the Patient and to transport said Patient to the above-mentioned treatment facility. You are further directed to deliver a copy of this Writ of Commitment and the Patient to the head of said treatment facility and, upon the Patient's admission, shall file a return of the Writ of Commitment with the Clerk of said Court.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 1st day of

December, 1998.

ELIZABETH EVERITT, COUNTY CLERK
Van Zandt County, Texas

By: Elizabeth Everitt
Deputy

Jedediah Murphy
759110

ACKNOWLEDGMENT OF ACCEPTANCE OF PATIENT

On this _____ day of _____, 1998, the undersigned upon receiving a copy of the Writ of Commitment and admission of JEDEDIAH MURPHY as a patient in the following treatment: OAKHAVEN HOSPITAL, MARSHALL, TEXAS hereby acknowledge acceptance of the Patient, together with the following personal property, if any, belonging to said Patient: _____

OAKHAVEN HOSPITAL, MARSHALL, TEXAS

Head of Facility _____

By: _____
Deputy*Jedediah Murphy*
75910
11/10/11

SABINE VALLEY CENTER
SUBSTANCE ABUSE SERVICES DIVISION
OAK HAVEN RECOVERY CENTER

PERSONAL PROPERTY INVENTORY FORM

The following items were placed in detox lock-up upon admission to Oak Haven:

1 Wallet 22.00
1 Razor 1 pkg. cigarettes
3 Razor Blades

Client was issued 2 towels and 2 washcloths to be returned to staff on discharge.
(Number) (Number)

Client signature: [Signature] Staff signature: [Signature] Date: 11-23-98

The following items were transferred to client lock-up in main office:

1 Wallet
[Signature] 12/13/98

Detox staff signature: [Signature] Intensive residential staff signature: [Signature]

The following items were returned to client at time of discharge:

1 Wallet
2 towels
2 wash cloths

Client signature: _____ Staff signature: [Signature] Date: 12/13/98

Client returned _____ towels and _____ washcloths to staff at time of discharge.
(Number) (Number)

Staff signature: _____

Name: Jedidiah Murphy
Case No.: 75910
Unit No.: 410-OHRC

The following books have been checked out to this client:

<u>Title of Book</u>	<u>Book #</u>	<u>Date Issued</u>	<u>Date Returned</u>
Big Book	2166	11-23-98	12-13-98
12 Steps and 12 Traditions	3001		12/13/98
24 Hours a Day (Daily Meditation)	3026		12/13/98
NA Book	3011		12/13/98
<u>The Caring Book</u>	<u># 17</u>	<u>12-2-98</u>	<u>12-13/98</u>

I understand these books are being loaned to me while I am a client at Oak Haven. It is my responsibility to turn in ALL books issued when I am discharged. I understand I will be charged for replacement of any books I do not return upon discharge.

Jedidiah Murphy
Client's Signature

11-23-98
Date

NAME: Jedidiah Murphy
CASE NO: 75910
UNIT NO: 410-OHRC

CLIENT NAME: JEDIDIAH MURPHY

CASE: 75910

SPECIAL POPULATIONS

	DATE ASGN	DATE REMOVED
1)	___/___/___	___/___/___
2)	___/___/___	___/___/___
3)	___/___/___	___/___/___
4)	___/___/___	___/___/___
5)	___/___/___	___/___/___
6)	___/___/___	___/___/___

WAITING LIST

R.U.	BEGIN	END
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___
___	___/___/___	___/___/___

RESIDENTIAL

BEGIN DATE 11/23/98
LOCATION CODE: OHRC
REPORTING UNIT: 411

END DATE 12/13/98
LOCATION CODE: OHRC
REPORTING UNIT: 410

TRANSFER DATE 11/29/98
FROM: LOCATION OHRC
RU 411
TO: LOCATION OHRC
RU 410

CASE MANAGER/CASE CARRIER

CARRIER: _____
CASE MANAGER: _____
ASSIGNED RU: _____

CURRENT _____ REVISED _____ TYPE _____

EFFECTIVE DATE ___/___/___

DISCHARGE FROM CENTER

REASON: (1) ACHIEVED OBJECTIVES
(2) LEFT AGAINST ADVICE
(3) MOVED FROM SERVICE AREA
(4) REFERRED TO OTHER PROVIDER
(5) UNABLE TO LOCATE
(6) NO LONGER OBRA MANDATED
(7) DECEASED
(8) REFUSED SERVICE
(9) INCARCERATION

DISCHARGE DATE ___/___/___
TIME _____
RU _____

NEW ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ PHONE: _____

DATE 1/21/99 Mia Deammell STAFF ID: 1860
STAFF SIGNATURE

FACTS II FORM

SABINE VALLEY CENTER - SUBSTANCE ABUSE SERVICES DIVISION

CLIENT CONTACT / REGISTRATION / ADMISSION / UPDATE

Date: 11/23/98

Time: 11:00 am Staff ID: 0860

Name: TRAMMELL, M.

#: 0411

Client ID#: 75910

Form Use: C

Last Name: MURPHY

First: JEDIDIAH

Middle: ISAAC

Sex: M

Ethnic Group: WHITE

DOB: 09/01/75

Age: 23

Presenting Problem: 3

3=Alcohol; 4=Drug

Contact With: 1

1=Client; 2=Informant; 3=Referral

CLIENT'S CURRENT ADDRESS: 727 E. N. COMMERCE

City: WILLS POINT

State: STATE

Zip: 75169

County: VAN ZANDT

CODE:

Phone: (903) 873-6830

EMERGENCY CONTACT / NAME: HOPE ABBOTT

Rel: MOTHER

Address: 6305 FM 429

City, St: KAUFMAN, TX

Phone: (972) 962-7443

Living Arrangements: LIVING WITH FAMILY/OTHER RELATIVES

CODES: 1=Living w/family/rel
 2=Group Quarters
 3=Own Dwelling
 4=Homeless

5=Medical Facility
 6=Correctional Facility
 7=Other

Legal Status This Admission: 2

1-Vol, 2-Invol Civil, 3-Invol Crim

Social Security No: 456-71-2610

Group: MH-5

Guardianship: 8

Marital Status: 4

1=Never Married

2=Married

3=Widowed

6=Div./Sep.-custody of children

7=Div./Sep.-doesn't have custody

8=Div./Sep.-no children under 18

Primary Language: ENGLISH

Educational Level Achieved: TEC

Last Year Completed: 12

Special Education: No

Current Education Status: No

Current Medication: NONE

Allergies: NKA

Assigned Case Carrier: PERRY, B.

Staff ID: 1760

Type: SAC

CASE: 75910

NAME: JEDIDIAH MURPHY

UNIT: 410-OHRC

Client Oriented Data Acquisition Process (CODAP)
Adult Follow-up Report (AFR)

Sabine Valley Center

1. Clinic Number TX
2. Client Number
3. Date of follow-up contact (mm/dd/yyyy):
4. Date of last discharge from this level of service and/or clinic (mm/dd/yyyy):
5. Follow-up contact and current treatment status:
 ☒
6. Persons contacted, if other than client (if Item 5 is coded 1-3 or 7 enter code N):
 ☒
7. Initials of the staff person performing the follow-up:
8. Current employment status:
 ☒
9. Primary reason for no paid employment:
10. Number of months employed since discharge from treatment
11. Sources of income or support:
 - a. ☒
 - b. ☒
- Current living arrangement:
12. ☒
13. Is client living in a household where he/she is exposed to abuse of alcohol and/or use of drugs? ☒
14. Medicine prescribed:
15. Number of DWI arrests since discharge from treatment
(Code M for more than 9): ☒
16. Number of public intoxication arrests since discharge from treatment
(Code M for more than 9): ☒
17. Number of other drug/alcohol related arrests since discharge from treatment
(Code M for more than 9): ☒

Jedidiah Murphy
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410-0410
3/31/99

18. Current legal status: = Probation (non-DWI)
19. Number of hospital/emergency room visits since discharge from treatment
(Code M for more than 9):
20. What was client's income over last 30 days :

Substance Abuse Patters: Items 21,22 & 23

21. a. Primary problem substance (as reported on AAR):
b. Number of days used last 30 days:
c. Most recent usual route of administration (during 30 days prior to follow-up):
 = Not Applicable (may be used only if 21b is coded 00)
22. a. Secondary problem substance (as reported on AAR):
b. Number of days used last 30 days:
c. Most recent usual route of administration (during 30 days prior to follow-up):
23. a. Tertiary problem substance:
b. Number of days used last 30 days:
c. Most recent usual route of administration (during 30 days prior to follow-up):

For Items 24 through 29, during the 30 days prior to follow-up, how many days has the client experienced:

24. Sickness and/or physical health problems (General physical or medical problems - do not include those caused directly by alcohol and/or drugs such as hangovers, vomiting, or lack of sleep):
25. Employment and/or school problems (i.e., poor attendance, poor performance, and missed responsibilities at work or school. Also, inability to find work, if client has tried or anything else the client considers an employment and/or school problem):
26. Family and/or marital problems (i.e., missed responsibilities, not caring for children, serious argument, verbal or physical abuse or serious conflict due to poor communication or a lack of trust):
27. Peer and/or social relationship problems (excluding family) (i.e., missed responsibilities with friends or others, serious argument, verbal or physical abuse or serious conflict due to poor communication or a lack of trust):

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28. Emotional and/or psychological problems (i.e., serious depression, anxiety or tension; hallucinations; trouble understanding, remembering or concentrating; serious thoughts of suicide or attempted suicide):
29. Drug and/or alcohol problems (i.e., memory lapses or blackouts, shakes/tremors or withdrawal symptoms, disturbing effects of drug/alcohol intoxication, craving and/or wanting to stop and not being able to do so. Do not include inability to find drugs or alcohol):
30. How many days during the 30 days prior to follow-up did the client attend chemical dependency support group meetings?
31. How many days during the 30 days prior to follow-up was the client abstinent from all substances (Enter 30 if abstinent for all 30 days)?
32. Did the client receive continued services and/or aftercare following discharge from treatment? If so, list the sources, if not, enter 00 in each space (as applicable).
- a.
- b.
- c.

[AFR Help Client Reports Main Menu](#)

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Client Billing

Provider: Sabine Valley Center

Program Id: 04-0129-993 TRA

Client Number: 2610075910

Clinic Number: 752216

Level/Service Type: Adult Residential (Level II)

From Date (mm/dd/yyyy): 12/01/1998

To Date (mm/dd/yyyy): 12/13/1998

Number of Units: 13

Counselor Initials: WLP

SubmitClientReports Main Menu

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Client Oriented Data Acquisition Process (CODAP)

Adult Discharge Report (ADR)

Sabine Valley Center

04-0129-993 TRA

1. Clinic Number: 752216
2. Client Number: (Last 4 digits of SSN and 6 digit unique Client Number) 2610075910
3. Date of Discharge from this level of service and/or clinic (mm/dd/yyyy): 12/13/1998
4. Date of Admission to this level of service and/or clinic (mm/dd/yyyy): 11/29/1998
5. Did client complete TCADA funded level of service? 1 = Yes ☒
6. Reason for Discharge: 33
7. Level of service at time of discharge:
6 = Level II ☒
8. Primary treatment environment at time of discharge:
3 = Residential ☒
9. Employment status after discharge from treatment:
4 = Full-time (35 or more hours a week) ☒
10. Legal status at discharge: 6 = Probation (non-DWI) ☒
11. Where will the client be living after discharge from treatment?
1 = Living with family, significant other or other relatives ☒
12. After discharge, will client be exposed to abuse of alcohol and/or use of drugs in his/her immediate household? 0 = No ☒
13. Disabilities:
 - (a.) 0 = None ☒
 - (b.) 0 = None ☒
14. Number of days (during the 30 days prior to discharge) client attended an off campus community chemical dependency support group while in treatment: 08
15. Number of close persons and/or family members actively involved with client's treatment process; include adults and minors: 1 ☒

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16. Were any of the following part of treatment?:

- (a.) ☒ Methadone or LAAM
- (b.) ☒ Acupuncture
- (c.) ☒ Anti-craving medication
- (d.) ☒ Antabuse
- (e.) ☒ Naltrexone or other antagonist medication
- (f.) ☒ Anti-depressant medication
- (g.) ☒ Anti-anxiety medication

17. Destination of referral:a. Primary b. Secondary c. Tertiary **18. Was the client abstinent from all substances the last 30 days of treatment or the duration of treatment, if less than 30 days (include substances listed on the AAR as well as any other substances)?** ☒**19. DSM-IV diagnosis - substance related:** **20. DSM-IV diagnosis - non-substance related:** **21. Client's primary counselor (Enter first, middle and last initials):** **22. Person filling out ADR (Enter first, middle and last initials):** [ADR Help](#) [ClientReports](#) [Main Menu](#)

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Client Billing

Provider: Sabine Valley Center

Program Id: 04-0129-993 TRA

Client Number: 2610075910

Clinic Number: 752216

Level/Service Type: Adult Residential (Level II)

From Date (mm/dd/yyyy): 11/29/1998

To Date (mm/dd/yyyy): 11/30/1998

Number of Units: 2

Counselor Initials: WLP

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Client Billing

Provider: Sabine Valley Center

Program Id: 04-0129-993 TRA

Client Number: 2610075910

Clinic Number: 752216

Level/Service Type: Adult Detoxification (Level I)

From Date (mm/dd/yyyy): 11/23/1998

To Date (mm/dd/yyyy): 11/28/1998

Number of Units: 6

Counselor Initials: WLP

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Client Oriented Data Acquisition Process (CODAP)

Admission Report Transfer

Sabine Valley Center

04-0129-993 TRA

1. Clinic Number: 752216
2. Client Number: 2610075910
3. Date of admission/transfer to this level of service and/or clinic (mm/dd/yyyy): 11/29/1998
4. Form Id: 45671
5. Admission Type: 3 = Transfer
6. Level of Service admitted to: 6 = Level II
7. Primary environment admitted to: 3 = Residential
8. Medicine prescribed: 00
9. Projected duration of stay for this level of service: 2 = 15 to 30 days
10. Is client currently Pregnant: 0 = No

[Client Reports MainMenu](#)

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16. Were any of the following part of treatment?:

- (a.) = No ☒ Methadone or LAAM
- (b.) = No ☒ Acupuncture
- (c.) = No ☒ Anti-craving medication
- (d.) = No ☒ Antabuse
- (e.) = No ☒ Naltrexone or other antagonist medication
- (f.) = No ☒ Anti-depressant medication
- (g.) = Yes ☒ Anti-anxiety medication

17. Destination of referral:a. Primary b. Secondary c. Tertiary

18. Was the client abstinent from all substances the last 30 days of treatment or the duration of treatment, if less than 30 days (include substances listed on the AAR as well as any other substances)? = Yes ☒

19. DSM-IV diagnosis - substance related:

20. DSM-IV diagnosis - non-substance related:

21. Client's primary counselor (Enter first, middle and last initials):

22. Person filling out ADR (Enter first, middle and last initials):

[ADR Help](#) [ClientReports](#) [Main Menu](#)

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Client Oriented Data Acquisition Process (CODAP)

Adult Admission Report (AAR)

Sabine Valley Center

04-0129-993 TRA

1. Clinic Number: 752216
2. Client Number: 2610075910
3. Date of admission/transfer to this level of service and/or clinic (mm/dd/yyyy): 11/23/1998
4. Form Id: 45671
5. Admission Type: First/Readmission
6. Level of Service admitted to: 5 = Level I
7. Primary environment admitted to: 3 = Residential
8. Medicine prescribed: 10
9. Projected duration of stay for this level of service: 1 = 14 days or less
10. Is client currently Pregnant: 0 = No

11. Client's Residence Zip Code: 75169
12. Mother's first name (first 3 letters): HOP
13. City where client born (first 5 letters): SONOR
14. Days on waiting list for treatment: 000
15. Date of birth (mm/dd/yyyy): 09/01/1975
16. Gender: 1 = Male
17. Race/ethnic background

(a.) 1 = White (not of Hispanic origin)

(b.)

18. 47

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410-04RE

19. Relationship status: 4 = Cohabiting
20. Number of children in household: 1
21. Employment status: 4 = Full-time (35 or more hours a week)
22. Primary reason for no paid employment: 09
23. Number of months employed in last 12 months: 12
24. Sources of Income or support received during the 12 months prior to admission:
- (a.) 1 = Wages/Salary
- (b.) 0 = None
25. Approximate income last 12 months : 27000
26. Highest school grade completed: 12
27. Living arrangement prior to treatment:
- 1 = Living with family, significant other or other relatives
28. Number of DWI's in last 12 months: 00
29. Number of public intoxication arrests during last 12 months: 00
30. Number of drug/alcohol related arrests during last 12 months: 03
31. Legal status at admission: 6 = Probation (non-DWI)
32. Number of hospital/emergency room visits in last 12 months: 6
33. Number of prior admissions to any detox program: 00
34. Number of prior admissions to any non-detox substance abuse treatment program: 00
35. Months since last discharge from any substance abuse treatment program (If items 33 & 34 are coded as 00, enter 97): 97
36. Health insurance type: 0 = No health insurance
37. Past IV drug use: 0 = No

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Substance Abuse Patterns at Admission: Items 38, 39 & 40

38. (a.) Primary problem substance type:
- (b.) Number of days used in last 30 days:
- (c.) Use last 6 months:
- (d.) Most recent route of administration:
- (e.) Year of first use:
39. (a.) Secondary problem substance type:
- (b.) Number of days used in last 30 days:
- (c.) Use last 6 months:
- (d.) Most recent route of administration:
- (e.) Year of first use:
40. (a.) Tertiary problem substance type:
- (b.) Number of days used in last 30 days:
- (c.) Use last 6 months:
- (d.) Most recent route of administration:
- (e.) Year of first use:
41. DSM-IV diagnosis - substance related:
42. DSM-IV diagnosis - non-substance related

FOR ITEMS 43 THROUGH 48:

During the 30 days prior to admission to treatment, how many days has the client experienced:

43. Sickness and/or physical health problems: General physical or medical problems (do
not include those caused directly by alcohol and/or drugs such as hangovers, vomiting, or
lack of sleep):

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44. **Employment and/or school problems:** (i.e., poor attendance, poor performance, and missed responsibilities at work or school. Also inability to find work, if client has tried or anything else client considers an employment and/or school problem):
45. **Family and/or marital problems:** (i.e., missed responsibilities, not caring for children, serious argument, verbal or physical abuse or serious conflict due to poor communication or a lack of trust):
46. **Peer and/or social relationship problems (excluding family):** (i.e., missed responsibilities with friends or others, serious argument, verbal or physical abuse or serious conflict due to poor communication or a lack of trust):
47. **Emotional and/or psychological problems:** (i.e., serious depression, anxiety or tension; hallucinations; trouble understanding, remembering or concentrating; serious thoughts of suicide or attempted suicide):
48. **Drug and/or alcohol problems:** (i.e., memory lapses or blackouts, shakes/tremors or withdrawal symptoms, disturbing effects of drug/alcohol intoxication, craving and/or wanting to stop and not being able to - do not include inability to find drugs or alcohol):

49. **Number of days client attended chemical dependency support group meetings within the last 30 days:**

50. **Number of days abstinent from all substances:**

51. **Primary Counselor initials:**

[AAR Help](#) [Client Reports](#) [MainMenu](#)

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DOCUMENTATION CHECKLIST

CLIENT NAME: Jessiah MurphyDETOX ADMIT DATE: 11-23-98 TRANSFER DATE: 11-29-98

Disc

12-13-98

DOCUMENT	DATE COMPLETED	COMMENTS	STAFF
AAR	11-30-98	x2	BP
ASI	11-30-98		BP
PSYCHOSOCIAL	11-30-98		
FAMILY CONSENT	<u> </u>	<u>none</u>	<u> </u>
PROBATION CONSENT	11-23-98		BP
PAROLE CONSENT	<u> </u>	<u> </u>	<u> </u>
REFERRAL CONSENT	<u> </u>	<u> </u>	<u> </u>
DETOX TX PLAN	11-24-98		BP
STAFFING	12-1-98		BP
DETOX TRANSFER	11-30-98		BP
DETOX DC SUMMARY	11-30-98		BP
REVISED TX PLAN	11-30-98		BP
NEEDS ASSESSMENT	<u> </u>	<u> </u>	<u> </u>
STAFFING	12-15-98		BP
REFERRAL PACKETS			
FAMILY CONJOINT	<u> </u>	<u> </u>	<u> </u>
DISCHARGE SUMMARY	12-14-98		BP
ADR	11-30-98 12-14-98	x1 x1	BP
WEEKLY FOLLOW-UP			
AFR			
<u>Audit</u>	<u>11/5/99</u>		<u>JW</u>

Assigned Counselor: BP Date 11-23-98Reassigned Counselor Date NAME: Jessiah MurphyCASE NO.: 75910

UNIT NO.: 410-0HRC

☒ OHRC ☐ DEAR ☐ KFC ☐ WIN ☐ G-MC ☐ WTC ☐ BTC

DISCHARGE/TRANSFER SUMMARY

CLIENT NAME: Jedediah Murphy

ADMISSION DATE: 11-29-98

DISCHARGE DATE: 12-13-98

DIAGNOSIS: Alcohol Dependence

PRESENTING PROBLEM / IDENTIFIED NEEDS at time of admission: Client is admitted to the Intensive Residential Program with 7 days clean. He says he needs help w/ his SA underlying issues of anger, total abstinence and awareness. He needs Education and Counseling for these issues.

SERVICES PROVIDED: assessment, psychosocial history, treatment planning, group therapy, alcohol and drug education classes, individual and family counseling sessions, HIV/STD/TB/Nicotine education, relapse prevention, 12 Step Recovery Process and CD Support groups. Other: _____

ASSESSMENT OF CLIENT'S PROGRESS toward Goals: worse unchanged slight moderate better much
Comments: Client shows a healthy attitude and insight into his recovery. He requests discharge following completion of level II requirements to put what he has learned to practice.

PROGNOSIS: Fair

Completed 100 % of length of stay. Completed 100 % of Treatment Plan.

CIRCUMSTANCES OF DISCHARGE: ☒ COMPLETED LEVEL 1, (2) 3, 4

☐ AMA/ASA ☐ DROPPED ☐ EXPELLED ☐ OTHER: _____

DISCHARGE TREATMENT PLAN DEVELOPED AND DOCUMENTED: ☒ YES, DATE: 12-13-98
☐ NO, REASON: _____

REFERRAL INFORMATION AND RECOMMENDATIONS MADE TO CLIENT: Referred to Tyler BTC, IOP Program, Local AA/NA meetings, Family support

OTHER PERTINENT INFORMATION: Client attends all SA educational presentations as well as all other program activities. He is appropriate in all interaction w/ staff & peers.

Family Participation: x2 Mother, requires Tocher, Sunday family visits
Client reported abstinent from chemicals for 23 days.

SIGNED/DATED BY SERVICE PROVIDER: Bill Perry LCDC 12-14-98

SUBSTANCE ABUSE SERVICES DIVISION

of Sabine Valley Center

☒ OHRC [] DEAR [] KFC [] WIN [] G-MC [] WTC [] BTC

DISCHARGE/TRANSFER SUMMARY

Detox

CLIENT NAME: Jedediah MurphyADMISSION DATE: 11-23-98DISCHARGE DATE: 11-29-98DIAGNOSIS: 303.90 Alcohol DependencePRESENTING PROBLEM / IDENTIFIED NEEDS at time of admission: Client is admitted to Level II (Detox) treatment w/a reported 2 days clean. Client states his recent attempt at suicide has prompted him to seek tx at this time. Client needs detoxification/stabilization.

SERVICES PROVIDED: assessment, psychosocial history, treatment planning, group therapy, alcohol and drug education classes, individual and family counseling sessions, HIV/STD/TB/Nicotine education, relapse prevention, 12 Step Recovery Process and CD Support groups. Other: _____

ASSESSMENT OF CLIENT'S PROGRESS toward Goals: worse unchanged slight moderate better muchComments: Client exhibits some positive emotional stability and he requests transfer to the OHRC Intensive Residential Program follow the completion of the obligations of Detox.PROGNOSIS: FairCompleted 100 % of length of stay. Completed 100 % of Treatment Plan.CIRCUMSTANCES OF DISCHARGE: ☒ COMPLETED LEVEL (1) 2, 3, 4

[] AMA/ASA [] DROPPED [] EXPELLED [] OTHER: _____

DISCHARGE TREATMENT PLAN DEVELOPED AND DOCUMENTED: ☒ YES, DATE: 11-29-98

[] NO, REASON: _____

REFERRAL INFORMATION AND RECOMMENDATIONS MADE TO CLIENT: As requested, Client is transferred to the Level II Program at OHRC for continued care.OTHER PERTINENT INFORMATION: Client reports attempting suicide by OD on pills. He states when he realized what he had done it was too late for him to stop. He said all he wanted was to get attention & help. He remembers to call for help and collect for help. He says he does not want to die.Family Participation: x2. Wife and mother Sunday family visitClient reported abstinent from chemicals for 7 days.SIGNED/DATED BY SERVICE PROVIDER: Bill Perry LCDC 11-29-98

DISCHARGE SUMMARY

SASD-049, r.7/97, DISCSUM

NAME: Jedediah MurphyCASE#: 75910UNIT#: 410-OHRC

OAK HAVEN RECOVERY CENTER WEEKLY PROGRESS GROUP NOTE

Week of : December 12 thru December 18, 1998

Saturday 09:30 - 09:45 Meditation fm
10:15 - 11:30 Sponsorship fm
01:30 - 03:30 Boundaries fm
08:00 - 09:00 AA / NA fm

Sunday 10:00 - 11:00 Spiritual Study Disc
11:45 - 12:45 Physical Activity
04:00 - 05:00 Study
06:00 - 07:00 Journal Study
08:00 - 09:00 AA / NA

Monday 08:00 - 08:15 Meditation
09:15 - 10:15 Step Two
11:00 - 12:30 Group
01:30 - 02:15 Budgeting
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Tuesday 08:00 - 08:15 Meditation
09:15 - 10:15 Problem Solving
11:00 - 12:30 Group/Orientation
01:30 - 02:15 HIV/TRC, Anger
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Wednesday 08:00 - 08:15 Meditation
09:15 - 10:15 Denial
11:00 - 12:30 Group
01:30 - 02:15 Health & Preg.
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Thursday 08:00 - 08:15 Meditation
09:15 - 10:15 Sex/Phy. Abuse
11:00 - 12:30 Group/Orientation
01:30 - 02:15 Clean Up
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Friday 08:00 - 08:15 Meditation
09:15 - 10:15 Relapse
11:00 - 12:30 Group
01:30 - 02:15 Progress

Fri. Cont. 02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

What was the most important thing you heard this week? Client feedback too complete

this before leaving

What are doing differently as a result of hearing this? _____

Treatment Plan issues addressed. _____

Family participation: YES (who and how) No (if no explain) _____

Progress: worse, unchanged, slight, moderate, better, much better

Client Signature: _____ Date: _____

Progress: worse, unchanged, slight, moderate, better, much better

Level of participation: 1 - inattentive, uninterested 2 - quiet, preoccupied or superficial interaction

3 - quiet but followed group process 4 - genuine, effective interaction 5 - deep emotional work

Comments: Successfully discharged following completion of all requirements

Counselor Signature: Bill Perry LCC Date: 12-14-98

CLIENT NAME: J. Murphy
CASE NUMBER: 75910
UNIT NUMBER: 410 OHRC

BP

OAK HAVEN RECOVERY CENTER WEEKLY PROGRESS GROUP NOTE

Week of : December 5 thru December 11, 1998

Saturday 09:30 - 09:45 Meditation
10:15 - 11:30 Follow Dir.
01:30 - 03:30 Disease/Comm.
08:00 - 09:00 AA / NA

Sunday 10:00 - 11:00 Spiritual Study
11:45 - 12:45 Physical Activity
04:00 - 05:00 Study
06:00 - 07:00 Journal Study
08:00 - 09:00 AA / NA

Monday 08:00 - 08:15 Meditation
09:15 - 10:15 Stress Mana.
11:00 - 12:30 Group
01:30 - 02:15 JRT/JRS
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Tuesday 08:00 - 08:15 Meditation
09:15 - 10:15 Step One
11:00 - 12:30 Group
01:30 - 02:15 HIV/TRC Assent.
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Wednesday 08:00 - 08:15 Meditation
09:15 - 10:15 Grief & Loss
11:00 - 12:30 Group
01:30 - 02:15 Nutrition
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Thursday 08:00 - 08:15 Meditation
09:15 - 10:15 Guilt & Shame
11:00 - 12:30 Group/Orientation
01:30 - 02:15 Clean Up
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Friday 08:00 - 08:15 Meditation
09:15 - 10:15 Nicotine
11:00 - 12:30 Group
01:30 - 02:15 Progress

Fri. Cont. 02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

What was the most important thing you heard this week? Not to attack
my recovery like I did my addiction
What are doing differently as a result of hearing this? Taking my time
and not trying to rush my recovery
Treatment Plan issues addressed. Abstinence, Anger
Family participation: YES (who & how) No (explain no) Wife, Family moral support
Progress: worse, unchanged, slight, moderate, better, much better
Client Signature: Jedidiah Murphy Date: 12-11-98

Progress: worse, unchanged, slight, moderate, better, much better
Level of participation: 1 - inattentive, uninterested 2 - quiet, preoccupied or superficial interaction
3 - quiet but followed group process 4 - genuine, effective interaction 5 - deep emotional work
Comments: Client experiencing positive insight.

Counselor Signature: Bill Perry LCC Date: 12-14-98

OAK HAVEN RECOVERY CENTER

CLIENT NAME: J. Murphy
CASE NUMBER: 75910
UNIT NUMBER: 410 OHRC

OAK HAVEN RECOVERY CENTER WEEKLY PROGRESS GROUP NOTE

Week of : November 23 thru December 4, 1998

Saturday 09:30 - 09:45 Meditation
10:15 - 11:30 Affirmations
01:30 - 03:30 Family Roles
08:00 - 09:00 AA / NA

Sunday 10:00 - 11:00 Spiritual Study
11:45 - 12:45 Physical Activity
04:00 - 05:00 Study
06:00 - 07:00 Journal Study
08:00 - 09:00 AA / NA

Monday 08:00 - 08:15 Meditation
09:15 - 10:15 Step Three
11:00 - 12:30 Group
01:30 - 02:15 Self Esteem
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Tuesday 08:00 - 08:15 Meditation
09:15 - 10:15 Parenting
11:00 - 12:30 Group/Orientation
01:30 - 02:15 HIV/TRC, Relationship
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Wednesday 08:00 - 08:15 Meditation
09:15 - 10:15 Spirituality
11:00 - 12:30 Group
01:30 - 02:15 Disease Process
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Thursday 08:00 - 08:15 Meditation
09:15 - 10:15 Flex & Coping
11:00 - 12:30 Group/Orientation
01:30 - 02:15 Clean Up
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Friday 08:00 - 08:15 Meditation
09:15 - 10:15 Relapse
11:00 - 12:30 Group
01:30 - 02:15 Progress

Fri. Cont. 02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

What was the most important thing you heard this week?

That I'm out of control, and can't manage my own life.

What are doing differently as a result of hearing this?

Learning to manage stress, avoid confrontation, and living 1 day at a time

Treatment Plan issues addressed.

Abstinence, powerlessness, consequences

Family participation: YES (who & how) No (if no explain)

Wife & Mother

Progress: worse, unchanged, slight, moderate, better, much better

Client Signature:

Jedrick Murphy Date: 12-1-98

Progress: worse, unchanged, slight, moderate, better, much better

Level of participation: 1 - inattentive, uninterested 2 - quiet, preoccupied or superficial interaction

3 - quiet but followed group process 4 - genuine, effective interaction 5 - deep emotional work

Comments:

Finally starting to understand my addiction, its triggers, and consequences!

Counselor Signature:

Bill Perry CDC Date: 11-20-12-7-98

Client reported that he did not have a sign-in sheet for dates 11-21-98 to 11-23-98. He states attending all activities from 11-24-98 to 11-27-98

CLIENT NAME: J. Murphy
CASE NUMBER: 75910
UNIT NUMBER: 410 OHRC

OAK HAVEN RECOVERY CENTER WEEKLY PROGRESS GROUP NOTE

Week of November 14 thru November 20, 1998

Saturday 09:30 - 09:45 Meditation
10:15 - 11:30 Follow Dir.
01:30 - 03:30 Disease/Comm.
08:00 - 09:00 AA / NA

Sunday 10:00 - 11:00 Spiritual Study
11:45 - 12:45 Physical Activity
04:00 - 05:00 Study
06:00 - 07:00 Journal Study
08:00 - 09:00 AA / NA

Monday 08:00 - 08:15 Meditation
09:15 - 10:15 Stress Mana.
11:00 - 12:30 Group
01:30 - 02:15 JRT/JRS
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Tuesday 08:00 - 08:15 Meditation
09:15 - 10:15 Step One
11:00 - 12:30 Group
01:30 - 02:15 HIV/TRC Assert.
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Wednesday 08:00 - 08:15 Meditation
09:15 - 10:15 Grief & Loss
11:00 - 12:30 Group
01:30 - 02:15 Nutrition
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Thursday 08:00 - 08:15 Meditation
09:15 - 10:15 Guilt & Shame
11:00 - 12:30 Group/Orientation
01:30 - 02:15 Clean Up
02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

Friday 08:00 - 08:15 Meditation
09:15 - 10:15 Nicotine
11:00 - 12:30 Group
01:30 - 02:15 Progress

Fri. Cont. 02:45 - 03:30 Physical Rec.
04:00 - 05:00 Study Hour
08:00 - 09:00 AA / NA

What was the most important thing you heard this week?

That I have a problem

What are doing differently as a result of hearing this?

Come to grips with my problem and deal with it.

Treatment Plan issues addressed.

N/A

Family participation: YES (who & how) No (explain no)

Wife with support

Progress: worse, unchanged, slight, moderate, better, much better

Client Signature:

Jedidiah Murphy Date: 11-27-98

Progress: worse, unchanged, slight, moderate, better, much better

Level of participation: 1 - inattentive, uninterested 2 - quiet, preoccupied or superficial interaction

3 - quiet but followed group process 4 - genuine, effective interaction 5 - deep emotional work

Comments:

Client becoming oriented and adjusted to program structure

Counselor Signature:

Bill Perry CPE Date: 11-23-98

CLIENT NAME: F. Wiggins

CASE NUMBER: 18886

UNIT NUMBER: 410 OHRC

SPECIAL HEALTH RESOURCES OF DALLAS
INTENSIVE AND SUPPORTIVE OUTPATIENT SERVICES
HIGH RISK COUNSELING AND EDUCATION

Jedediah L. Murphy have received the following information:

☒ HIV ☒ TB ☒ STD

The HIV information included risk factors, risk reduction strategies, routes of transmission, and methods of prevention. My risk for HIV infection has been addressed and have been offered or referred to voluntary, anonymous, confidential and free testing services which include pre and post test counseling. This information was in accordance with Texas Department of Health approved guideline.

Client Signature: Jedediah Murphy

Counselor Signature: D. Peoples

Date: 12-1-98

Name: Jedediah Murphy

CSC: 75910

Prevention Unit: 410-0492

SPECIAL HEALTH RESOURCES OF EAST TEXAS
INTENSIVE AND SUPPORTIVE OUTPATIENT SERVICES
HIGH RISK COUNSELING AND EDUCATION

I, JUDIDIAA MURPHY have received the following information:

☒ HIV

☒ TB

☒ STD

The HIV information included risk factors, risk reduction strategies, routes of transmission, and methods of prevention. My risk for H.I.V. infection has been addressed and I have been offered or referred to voluntary, anonymous, confidential, and free testing services which include pre and post test counseling. This information was in accordance with Texas Department of Health approved guidelines.

Client Signature: Judidiaa Murphy

Counselor Signature: K. People

Date: 11-25-98

Name: Judidiaa Murphy

Case: 75960

Prevention Unit

410-04Re

2/2 DRAFT

☒ OHRC ☐ DEAR ☐ KFC ☐ WIN ☐ GMC ☐ WTC ☐ BTC

FOLLOW-UP PROGRESS NOTE

CLIENT NAME: Jedidiah Murphy Date of Admit: 7-23-98 Last date of service: 12-13-98
Date of Discharge, if different from above: _____

Contact number (circle one) 1 2 3 4 5 6 7 8 Final

#4: Date/time of successful follow-up contacts: 2-18-99
 Contact made in person? _____ Phone? _____ Mail? _____
 # 18: If contact was made with someone other than the client, specify the relationship to the client: _____

Family Member ☐ Specify _____ ph# _____

Friend ☐ Specify _____ ph# _____

Other ☐ Specify _____ ph# _____

#5: Current employment status: yes/no Where? Beg T. welding
#7: # of mos. employed since discharge: 2 #9: Income over last 30 days: 1000.00
#8: sources of income/support #6: if unemployed - why?
#10: Current living arrangements: with: Mom PH#: _____
Address: _____
_____ alcohol and/or use of drugs: YES (NO)

Address: _____ YES NO

#11: living in household where exposed to abuse of alcohol and/or use of drugs: YES NO

#12: Medicine Prescribed: 00

#13: # DWI arrests since discharge: 0 #14: # of Pls: 0 #15: # of A/DA related arrests: 0

#16: Current legal status: 00 #17: # hosp/ER visits since discharge: 0

#18: Current treatment status: A/A

#22-27: during 30 days prior to follow-up, how many days has the client experienced:

Sickness and/or physical health problems (exclude a/da problems): 5

Employment and/or school: 00 Family/marital: 00

Peer and/or social relationship: 00 Drug/alcohol: 00

#times attended CD support group mtgs: 30 Receive continued services: A/A

Where? _____

COMMENTS: ① 873-6830 - Busy ② 873-2215 Spoke to Grandfather +
he hasn't seen Jim + couldn't do report but said for us to call 962-7443 962-

Spoke to Jim's mom & she said the dogs are great but she wants us to do something

④ Jim called us & he is doing really good.

Counselor Signature: Schaufman Blakely Date: 2-18-99

FOLLOW-UP DOCUMENTATION

CLIENT#: Jodiiah "Jim" Murphy
CASE#: 75910

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center☒ OHRC ☐ DEAR ☐ KFC ☐ WIN ☐ GMC ☐ WTC ☐ BTC

DISCHARGE REPORT INFORMATION/PROGRESS NOTE

ATE: 12-14-98Did client complete level of service?: yes 12-13-98Reason for discharge: Completion of Program requirementsLevel of service at time of discharge: one two ☒ three fourPrimary environment of treatment at time of discharge: residential ☒ outpatientEmployment status after discharge from treatment: Employed, 35 hrs per weekLegal status at time of discharge: Non-DWI ProbationWhere will client be living after discharge from treatment? with family, wife & daughter

After discharge, will client be exposed to abuse of alcohol and/or use of drugs in immediate household?

no
Disabilities — If so, identify: none identifiedMedication to treatment participation — If so, identify: none reportedTimes (in last 30 days) client attended cd support group: x 21Family, etc., involved in treatment process: x 2 mother and wifeAlternate treatments/medications administered during treatment: none reportedDestination of referrals: BTC, Tyler, Local AA/NA mtgs, Family supportAbstinence from primary substance during the last 30 days of treatment: 23 d.COMMENTS: Client participated in all Program activities including
SA lectures. He interacted well with staff and his peersBill Perry 12-14-98
COUNSELOR SIGNATURE DATESUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley CenterDischarge Report Information/Progress Note
? NoteNAME: Jedediah Murphy
CASE#: 75910
UNIT#: 410-OHRC

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center

[X] OHRC [] DEAR [] KFC [] WIN [] GMC [] WTC [] BTC

REQUEST FOR DISCHARGE / TRANSFER

NAME: JEDIDIAH MURPHY DATE: 12-13-98

REQUEST DISCHARGE/TRANSFER ON (date) _____

ADDRESS UPON DISCHARGE: 6305 F.M. 429 KAUFMAN TX 75142
(STREET) (CITY, STATE, ZIP)PHONE NUMBERS WHERE I MAY BE CONTACTED: #1903-873-6830 #2972-962-7443

IN YOUR OWN WORDS, EXPLAIN WHY YOU ARE REQUESTING DISCHARGE/TRANSFER.

I feel that my learning here is done
and ~~it's~~ it's time for me to go out &
apply what I have learned.

GOALS I HAVE COMPLETED: Come to grips with my
addiction and learned how to deal with itGOALS I PLAN TO WORK ON: Abstinence, Anger, Awareness.

Continue to work on these 3 things and
With hard work make it a part of my life

PLANS FOR CONTINUING CARE: A.A. & N.A. meeting.COMPLETED 21 DAYS OF TREATMENT. COMPLETED 100 % OF TREATMENT PLAN.
DAYS OF SOBRIETY: 21 AA/NA SPONSOR NoneREQUEST APPROVED: yes REQUEST DISAPPROVED: NA
(Justification for disapproving discharge must be documented in client record under Progress notes)

Jedidiah Murphy 12-13-98
Signature of Client Date

Bill Perry LCPC 12-14-98
Signature of Counselor Date

PLEASE REMEMBER TO TURN BOOKS IN TO COUNSELOR.

Applicable: clean room/apt., linens to laundry room, empty trash, inventory of apartment, check with nurse for return of medication brought into treatment

SUBSTANCE ABUSE SERVICES DIVISION

REQUEST FOR DISCHARGE FORM
SASD 048; 12/15/97, DCREQSTNAME: Jedidiah Murphy
CASE#: 75910
UNIT#: 410-OHRC

~~Y~~ OAK HAVEN [] DEAR RECOVERY [] KIRKPATRICK [] GROVE-MOORE [] WOODBINE [] W.I.N. [] TYLER

Progress Notes: Individual/Family Sessions

Date/Time	Length	Type	TP#	Progress Notes: Signature w/Title and Date
11-30-98	1.5	IC	DOY	Met w/ Mr. Murphy in 2nd 1:1 session. He reports completion of the Detox T&P Problem area Disease Process. He shares his understanding.
			AC2	The TP has been revised to include issues
			A06	of Anger, Abstinence, & awareness, as well as continued work on the Steps 1, 2 & 3 and Relapse Prevention.
				Mr. Murphy demonstrates improvement & growth as he practices healthy ways of managing his anger.
				Bill Perry coc
12-10-98	1.0	IC	A02	Met w/ client in 3rd 1:1 counseling session. We reviewed his TP progress. He shares completion and his understanding of "Abstinence" and the need for total abstinence of all mood altering drugs. He shared positive insight of his powerlessness.
				Client continues to show growth in his efforts for recovery.
				Bill Perry coc

Client Name: Jedediah Murphy
Client #: 75910
Unit #: 410-04RC

☒ OHRC ☐ DEAR ☐ KFC ☐ WIN ☐ GMC ☐ WTC ☐ BTC

REQUEST FOR DISCHARGE / TRANSFER

Detox

NAME: Jedidiah Murphy DATE: 11-30-98

REQUEST DISCHARGE/TRANSFER ON (date) 11-29-98

ADDRESS UPON DISCHARGE: 7470 St. Hwy 154 Marshall Tex 75670
(STREET) (CITY, STATE, ZIP)

PHONE NUMBERS WHERE I MAY BE CONTACTED: #1903/938-5149 #2

IN YOUR OWN WORDS, EXPLAIN WHY YOU ARE REQUESTING DISCHARGE/ TRANSFER

I've completed my detoxification & I am
ready to move on to my other treatment

GOALS I HAVE COMPLETED: I come to grips with my
addiction, realize I have a problem, I need more treatment

GOALS I PLAN TO WORK ON: Communicate more, beat my
addiction, live one day at a time, and
live a functional life, gain control.

PLANS FOR CONTINUING CARE: Client transferred to OHRC Intensive
Residential Program

COMPLETED 5 DAYS OF TREATMENT. COMPLETED 100 % OF TREATMENT PLAN
DAYS of SOBRIETY: 7 AANA SPONSOR none

REQUEST APPROVED: yes REQUEST DISAPPROVED: NA
(Justification for disapproving discharge must be documented in client record under Progress notes)

Jedidiah Murphy 11-30-98 Billy Perry CDC 11-30-98
Signature of Client Date Signature of Counselor Date

PLEASE REMEMBER TO TURN BOOKS IN TO COUNSELOR.

If applicable: clean room/apt., linens to laundry room, empty trash, inventory of apartment, check with nurse for return of medication brought into treatment

SUBSTANCE ABUSE SERVICES DIVISION

REQUEST FOR DISCHARGE FORM
SASD 048; 12/15/97, DCREQST

NAME: Jedidiah Murphy
CASE#: 75910
UNIT#: 410-OHRC

SUBSTANCE ABUSE SERVICES DIVISION
of Sabine Valley Center
OAK HAVEN RECOVERY CENTER
INITIAL COUNSELOR / CLIENT SESSION

Date: 11-25-98 Time: 4:00 PM Length: .45 hr Treatment Plan #: D04

Completed the ASI: yes ☒ no ☐
Reviewed level 1 treatment plan: yes ☒ no ☐
Revised level 1 treatment plan: yes ☐ no ☒

The following revisions have been developed by the client and counselor: None

Meets admission criteria for level 2 residential SA treatment. yes ☒ no ☐

Client is expected to enter residential level 2, 11-29-98, estimated length of stay, 14 d.
Date Days

The guidelines of the program have been reviewed and client agrees to adhere to these guidelines. Yes

Family Consent for release of information is in place: yes ☒ no ☐
Family and or significant other (s) will be invited and encouraged to participate in the treatment and recovery process. yes ☒ no ☐ (if no, reason for non participation must be documented): He states he wants no contact so that he can

concentrate on his immediate needs, being recovery.

Probation Parole consent for release of information is in place: yes ☒ no ☐
Probation and or Parole contacted: yes ☒ no ☐

Client's affect during this session: Orientated x3. Appearance was good, posture + power
His mood seemed anxious w/ high energy level.

Comments: He reports completion of the Program Orientation and that he
understands his Clients Rights/Grievance procedures & The Laws of
Confidentiality. He denies any present thought of committing
suicide or harming himself or others

Bill Perry CCA
Counselor signature

CI Counselor signature

DRAFT
9/8/98
INITPG

Client Name: Josephat Murphy
Case Number: 75910
Unit Number: 410 - OHRC

Recd. 11-20-98

SUBSTANCE ABUSE SERVICES DIVISION

OF SABINE VALLEY CENTER

[] OAK HAVEN [] DEAR [] KIRKPATRICK [] W.I.N. [] WOODBINE [] GROVE-MOORE [] BEGINNING: Tyler, Henderson, Teasdale, Mt. Pleasant, Jacksonville

SCREENING/INTAKE INFORMATION

DATE: 11-20-98 TIME: 2:40 PM SS#: 456-71-2610

NAME: Jedidiah Murphy SEX: M AGE: 23 DOB: 9-1-75

ADDRESS: 727 E North Commerce CITY: Wills Point COUNTY: Van Zandt

PHONE#1: 903-873-6830 PHONE#2: _____

REFERRED BY: Andrews / Canton FOR: Inpatient

SVC CLIENT? yes/no past present where when

PRESENTING ALCOHOL: ✓ days clean: 1 day used how long? 8 yrs Method: Beer mainly

PROBLEM: DRUG: _____ days clean: _____ used how long? _____ Method: _____

CURRENT CRISIS: Affecting his life where he is suicidal - just got out of intensive care hosp. Tried to commit suicide. Family getting judge to court order treatment.

SERVICES REQUESTED: Inpatient

Pregnant: _____ Due: _____ Prenatal care: _____ Children: 1 Ages: 16 mo

PRIOR CD TREATMENT: No

MEDICAL PROBLEMS: NID

ALLERGIES: No

MEDICATIONS: No

PH PROBLEMS: No

FOR MH TREATMENT: No

MH MEDICATIONS: No

Sleep: Varies / back + forth Energy: Not very much

Appetite: Varies / sometimes good / not so

Thoughts of harming self/others: Yes

LEGAL ISSUES: Charges pending:

Probation: ✓ for ASSAULT in 1994

Where: _____

Where: Wills Point

Parole: _____ for _____

Where: _____

Client informed of Assessment fee (\$47.50/\$75) based on sliding _____; \$150. admission deposit to OHRC

Must bring insurance/Medicaid information; identification (DL/SS); checkstub, AFDC, FS, WIC verification to establish primary

Funding Source. Insurance: _____ Yes _____ No; Medicaid: _____ Yes _____ No; TCADA: 1 Yes _____ No

REFERRALS MADE TO: Oak Haven

Circle phone number if given: TX Referral Network 1-800-852-3364, Other _____

PRIORITY CODE: 1 Pregnant, IV drug user; 2 Pregnant, substance abuser; 3 IV drug user; 4 SS SA; 5 Parents w/children in foster care; Other alcohol/drugs

MEETS SASD ELIGIBILITY CRITERIA: YES Assessment Scheduled: Date: _____ Time: _____ With: _____

NO Reason: _____

Information Obtained by: Betty Boyce Date: 11-19-98 Phone/IC: _____

COMMENT/RECOMMENDATIONS:

11-20-98 - Jedidiah will be admitted Nov. 11-23-98 at 11:00 a.m.

Counselor Signature: James H. Reusch Date: 11-19-98

Steve Timmons

CLIENT: J. Murphy
CASE#: 75910
UNIT#: 4401HRC

ANDREWS CENTER

SERVICE TRANSACTION/PROGRESS NOTE

NAME:

Jedidiah Murphy

CASE #:

GAF:

LOCATION:

DATE:

11/19/98

Trans Status	Server ID	Service Code	Start Time	Stop Time	Place of Service	Recipient	Telephone	Group Size	Bill?	Consumer Fee
	1710		1130 ^A _P	125 ^A _P			Y N		Y/N	
			A P	A P			Y N		Y/N	
			A P	A P			Y N		Y/N	
			A P	A P			Y N		Y/N	

PROGRESS ON OBJECTIVE: 23yo male walked into facility in crisis. He tried to O.D. last night on "Unisom" after his wife left him. His wife reportedly left due to his alcohol binges. Client has

GENERAL COMMENTS: long history of alcohol dependence, being a daily drinker "obsessed" with the idea of drinking alcohol. Tried to quit on his own - no benefit. When he starts drinking he can not stop. He meets DSM-IV criteria for Alcohol Dependence for the following reasons: substance taken in larger amounts than intended, persistent desire & unsuccessful attempts to control use, great deal of time spent in activities necessary to get alcohol, important social & occupational activities because of alcohol use and finally, alcohol is used despite realizing he has a problem and alcohol is a major factor. Client is willing to accept help at this time. His family supports

Staff Signature/Title:

CMHR-213-2/96

Medical Records - Blue

Business Office - White

him getting help.

W. Miller LMSW-ACP

1710

Jedidiah Murphy
75910

FAX COVER SHEET

903-567-2042

DATE: 11/19/98TO: Twyla - OakhavenFROM: Summer Allan UNSWAP# OF PAGES (including cover sheet): 2MESSAGE: Here is substance abuse
screening. Please call if you
need any additional info to
process his request.ANDREWS CENTER*575 WEST HWY 243*CANTON*TX*75103
903-567-4197*800-256-5861Jedediah Murphy
75920

SUBSTANCE ABUSE SERVICES DIVISION

of Sabine Valley Center

[☒] OHRC [] DEAR [] KFC [] WIN [] GMC [] WTC [] BT

DISCHARGE / CONTINUING CARE TREATMENT PLAN

I UNDERSTAND THAT CONTINUING CARE ACTIVITIES ARE AN IMPORTANT ASPECT OF MY RECOVERY PROCESS AND THAT THEY ARE DESIGNED TO SUPPORT AND INCREASE THE GAINS THAT I HAVE MADE IN MY TREATMENT PROCESS. LISTED BELOW ARE THE GOALS FOR WHICH I WILL CONTINUE TO STRIVE.

1. ☒ To continue treatment at A.A. ALCOHOLICS ANON Program.
2. ☒ To attend AA/NA meetings no less than 5 times weekly at TERREL.
3. ☒ To encourage my family/friends WIFE, MOTHER to attend weekly Al-Anon meetings.
4. ☒ To choose a temporary/permanent AA/NA sponsor, N/A before discharge.
5. ☒ To be responsible for payment of charges, \$ N/A incurred while in treatment.
6. ☒ To continue working on the following original Treatment Plan issues that were not resolved:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
7. Individual goals to sustain recovery: Abstinence, Anger, Awareness
Go to A.A. & N.A. meetings 90 or 90.

COUNSELOR'S COMMENTS: _____

REFERRALS: AA & NA

RECOMMENDATIONS: This form was completed by client in the absence of the counselor at a time when this counselor was not on the property

ACKNOWLEDGE that I have participated in the DISCHARGE PLANNING process and have received a copy of the DISCHARGE/CONTINUING CARE TREATMENT PLAN. Having read the above outlined plan, hereby agree to comply with the goals set forth.

Jedediah Murphy
SIGNATURE OF CLIENT

12-13-98
DATE

Bill Perry LDC
SIGNATURE OF COUNSELOR

12-14-98
DATE

NAME: Jedediah Murphy
CASE#: 75910

SUBSTANCE ABUSE SERVICES DIVISION

of Sabine Valley Center

☒ OAK HAVEN ☐ DEAR ☐ KIRKPATRICK ☐ W.I.N. ☐ W.T.C. ☐ G.M.C. ☐ B.T.C.

DIAGNOSTIC STAFFING SUMMARY

NAME: Jedechiah Murphy

INITIAL STAFFING _____

PROBLEM CATEGORY: ☒ ALC ☐ DRUG ☐ POLY

(date)

SUPPLEMENTAL STAFFING 12-15-98

DIAGNOSTIC PROFILE:

CODE

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

GAF: _____

TREATMENT PLANNING INFORMATION

TP Problem Number Modality Number TGT Comp Date

CLIENT'S ASSETS/STRENGTHS:

STAFF PRESENT:

Angie J. StetsonPNPatricia Johnson, CSJames, MS, LCDCWendy, LCDCRob, MS, LCDC

WEAKNESSES/NEEDS:

Bill Perry, LCDC

SIGNATURE OF PRIMARY COUNSELOR

PRECAUTIONS OR SPECIAL CONSIDERATIONS:

Client was admitted to Level 1 (2) 3 4 of treatment at

DISC. FROM

REPORTED

OHRC with 23 days of sobrietyon this date: 12-13-98 ELOS: _____Family Participation: YES NO X 2 (M) (W)

RECOMMENDED RESOURCES/PLACEMENTS:

STAFF COMMENTS/FEEDBACK: Client is successfully discharged from OHRC, Leveltreatment following completion of all program requirements

DIAGNOSTIC STAFFING SUMMARY

STAFFNOT.#031, 6/91, r.7/97, 1/98

CLIENT: Jedechiah MurphyCASE: 75910UNIT#: 410-OHRC

OAK HAVEN RECOVERY CENTER
Sabine Valley Center/
Substance Abuse Services Division

CLIENT NAME: Jedidiah Murphy
TODAY'S DATE: 11/30/98
PRIMARY DIAGNOSIS: Alcohol Dep. 303.90

THE PRIMARY GOAL OF TREATMENT IS ABSTINENCE FROM MOOD-ALTERING CHEMICALS. THE FOLLOWING INDIVIDUALIZED TREATMENT PLAN HAS BEEN DEVELOPED TO ACCOMPLISH THIS GOAL. PROBLEMS ARE LISTED IN ORDER OF SEVERITY WITH GOALS, OBJECTIVES AND METHODS OF TREATMENT.

PROBLEM A02: ABSTINENCE TARGET DATE: 12/4/98
GOAL: ABSTINENCE FROM MOOD ALTERING CHEMICALS
OBJECTIVE: REMAIN ABSTINENT - ACCEPTANCE

- METHOD 3: List at least three feelings that jeopardize your sobriety and discuss with group - coping w/feelings without using.
- METHOD 4: Define powerlessness, then list five examples of powerlessness you have experienced. Share w/group.
- METHOD 5: Read Chapter 5 "How It Works" in BIG BOOK and list ten ways to work on personal abstinence. Turn in to your primary counselor.
- METHOD 6: Make a list of areas that you regularly deceive yourself about and share with group.
- METHOD 7: Read in BIG BOOK "Dr. Bob's Nightmare" and write a personal plan for remaining abstinent. Share your plan with your primary counselor.
- METHOD 8: Read "He Had To Be Shown", page 193 in BIG BOOK and explain to group why alcoholism is an insidious disease.
- METHOD 11: List ten (10) realistic consequences if you continue to drink/drug. Be honest. Share with group.
- METHOD 13: Complete STEP ONE Guide. Discuss with counselor.

12-7-98
Comp BP

PROBLEM A06: ANGER TARGET DATE: 12/11/98
GOAL: ABILITY TO COPE WITH ANGRY FEELINGS AND EXPRESS ANGER APPROPRIATELY
OBJECTIVE: IDENTIFY AND DISCUSS UNDERLYING ANGER AND HOW TO DEAL WITH IT IN EFFECTIVE, HEALTHY MANNER

- METHOD 3: Share with group why it is important for you to deal with anger and resentment.

12-11-98
Comp BP

SUBSTANCE ABUSE TREATMENT PLAN
(Page 1)

NAME: Jedidiah Murphy
CASE NO: 75910
UNIT CODE: 410-OHRC

OAK HAVEN RECOVERY CENTER
Sabine Valley Center/
Substance Abuse Services Division

- METHOD 4: Meet with primary counselor to discuss anger and how to cope with it. 12-11-98 BP
Comp.
- METHOD 7: Write a list of angers and resentments and discuss how drinking/drugging is related to these. Share with group.
- METHOD 10: List the times or situations in which you have felt the most angry, also explaining why they made you feel so angry. Share the list with the group and get feedback from them.
- METHOD 12: Tell what you get, "THE PAYOFF", for anger usage.
- METHOD 15: Share in group three ways you have used anger as a form of intimidation and control.

C. REQUIREMENTS IN TREATMENT BEFORE BECOMING ELIGIBLE FOR TRANSFER TO CONTINUING CARE:

1. Must have an AA/NA sponsor. Comp. 12-11-98 BP
2. Completion of Step 1.
3. Completion of Step 2.
4. Completion of Step 3.
5. Begin Relapse Prevention Checklist two weeks after admission to Oak Haven.

As a client of Oak Haven, and as a part of my written treatment plan, I will attend all AA and/or NA group meetings. Participation in such groups is a part of this treatment plan. I have participated in developing my plan of treatment. It has been explained to me in my primary language in simple, non-technical terms. Possible adverse effects of the plan and of rejecting the plan have been explained to me. I AGREE to participate in and cooperate with the plan. I understand that I may withdraw this AGREEMENT at anytime.

CLIENT: Jedidiah L. Murphy DATE: 12-2-98

PRIMARY COUNSELOR: Bill Perry LCC DATE: 12-2-98

DATE OF STAFFING: 12-15-98

REVIEWED:

Initial: <u>BP</u>	Date: <u>11-30-98</u>
Initial: <u>BP</u>	Date: <u>12-10-98</u>
Initial: <u>BP</u>	Date: <u>12-14-98</u>

REVISED

Y*	N
[]	[]
[]	[]
[]	[]

* See Treatment Plan Revision

SUBSTANCE ABUSE TREATMENT PLAN
(Page 2)

NAME: Jedidiah Murphy
CASE NO: 75910
UNIT CODE: 410-OHRC

DIAGNOSTIC STAFFING SUMMARY

INITIAL STAFFING _____

(date)
SUPPLEMENTAL STAFFING 12-1-98

CODE

Axis V: _____
GAF: 50-55

**Oak Haven Recovery Center
SUBSTANCE ABUSE SERVICES DIVISION'S
PSYCHOSOCIAL HISTORY SUMMARY**

NAME: Jedediah Murphy ETHNICITY: White
AGE: 23 DOB: 9/1/75 GENDER: Male
DO Admit: 11/23/98 DO Interview: 11/30/98 EDUCATION: 12 years

CIRCUMSTANCES LEADING TO TREATMENT/MOTIVATION:

Mr. Murphy infers that he seeks treatment at this time because of negative consequences of his alcohol use including an attempted suicide.

DRUG OF CHOICE, ALCOHOL, DAYS CLEAN/DRUG USE, PAST/PRESENT:

Mr. Murphy states his drug of choice is alcohol, of which he shares drinking daily for the last eight years. He denies the use of any other drug except tobacco of which he has smoked also for the last eight years including at the present time.

PRIOR CHEMICAL DEPENDENCY/PSYCHIATRIC TREATMENT:

Client admits to one previous evaluation for alcohol dependence. However he denies any previous alcohol and drug treatment participation. He reports working on his depression at the Andrews Center in Tyler, in four sessions within the last twelve months.

CURRENT HEALTH STATUS/MEDICATIONS/SIGNIFICANT MEDICAL HISTORY:

physical: Client shares that health wise he is in "good " condition. He further states a history of hospitalizations due to accidents and various illnesses.

mental: Client reports having been diagnosed as bipolar and is taking Tegretol and Zoloft for anger.

RELATIONSHIP WITH FAMILY & SIGNIFICANT OTHERS:

Client implies that currently his relationship with his family and significant other is strained as a result of his alcohol use. When not drinking he says relationships are good.

CURRENT LIVING SITUATION/SOCIAL HISTORY:

Mr. Murphy shares that at time of admission he was living with his significant other and their daughter. At discharge from this program, he says he will return to this living situation which he acknowledges as being a good environment.

EDUCATION/VOCATIONAL TRAINING/MILITARY:

Client has graduated from high school and reports completion of one year of college. He plans on completing his education. He does report completion of the N.E.C. School of Welding. He denies any military history.

CURRENT EMPLOYMENT SITUATION/SOCIAL HISTORY:

He says he is currently employed full-time (40 hours per week) as a welder and has held this job for the last four years.

LEGAL ISSUES - PRESENT/PAST:

He reports a legal history of two previous convictions of assault with a deadly weapon. He is now serving six years probation for these offenses.

DIAGNOSTIC IMPRESSION:

CLIENT'S EMOTIONAL STATE & BEHAVIORAL FUNCTIONING:

Mr. Murphy was oriented times three. He denied any present thoughts of suicide. He says the recent attempt was attention seeking behavior as he was asking for help with his drinking problem and took more pills than he had intended. He says he has no intent and that he does not need to complete a No Harm Contract. Client was cooperative, anxious and demonstrated a high energy level. Appearance was good, poised posture with glancing eye contact.

CLIENT'S PERCEPTION OF ISSUES

NEEDS: Companionship.

STRENGTHS: Hard headed.

WEAKNESSES: Alcohol.

PROBLEMS: Alcoholism.

COUNSELOR'S PERCEPTION OF CLIENT'S ISSUES

NEEDS: Counseling for life-skill development and education.

STRENGTHS: Intellect and willingness.

WEAKNESSES: Anger, impulsive/compulsive.

PROBLEMS: Inability to manage his life without alcohol.

TPM's TO ADDRESS IDENTIFIED ISSUES:

Assessment, psychosocial history, treatment/discharge planning, group/individual/family counseling, alcohol and drug/HIV/STD/TB/Nicotine education, twelve step recovery process and relapse prevention.

RECOMMENDATIONS:

Short term goals: Acceptance of chemical dependency. Identify underlying issues of anger and learn effective ways of managing it.

Long term goals: Remain abstinent from the use of all mood altering chemicals, develop the ability to cope with angry feelings and express anger appropriately.

REFERRALS:

Intensive out-patient program followed by a supportive out-patient and aftercare program.

In accordance with the criteria set forth in the DSM IV, client presents symptoms of Alcohol Dependence 303.90. Completion of this ASI assessment/ scoring, and with regard to the ASAM, client meets the eligibility criteria for services at Sabine Valley Center's Oak Haven Recovery Center. Client is scheduled to enter level two of care on, 11/29/98, with an estimated length of stay of fourteen days.

:Bill Perry, LCDC Bill Perry LCDC Date: 11/30/98

I.J. Lamothe, M.D. I.J. Lamothe M.D. Date: 1/5/99
unit physician

MEDICAL STATUS (PHYSICAL)

- (#32) Number of hospital/emergency room visits during last 12 months? 2
18. How many times in your life have you been hospitalized for medical problems? 15
(excluding substance abuse Tx. and detox.) Please specify: WRECKS, ILLNESS
19. How long ago was your last hospitalization for a physical problem? 1 years 1 month
For? LAST WEEK, FOR OVERDOSE
20. Do you have any chronic medical problems which continue to interfere with your life? NO
Specify: _____
21. Are you taking any prescribed medication on a regular basis for a physical problem? NO
What is it? N Dosage? N
What is it for? N How long N
22. Do you receive a pension for a physical disability? (Y N) N \$ N
23. How many days have you experienced non-alcohol related medical problems in the past 30 days? 0 (0-30) Specify: _____
- (#43) Alcohol related medical problems(cirrhosis, hangovers, vomiting, lack of sleep, etc) in past 30 days? 20 (0-30) Specify: _____
- Nicotine related medical problems (asthma, heart disease, high blood pressure) N
- (#36) Health Insurance Type: NO

ASK CLIENT TO USE SCALE TO RATE NEXT 2 QUESTIONS: 0-NOT at ALL; 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

24. How troubled/bothered have you been by medical problems in the past 30 days? 4 (0-4)
25. How important to you now is treatment for these medical problems? 4 (0-4)

INTERVIEWER ONLY: 0 1 2 3 4 5 6 7 8 9;
COMMENTS FOR MEDICAL AREA: _____

MISR: Y or N N IN. UND: Y or N N

Current Health Status: Good Meds: N For: N
Significant Medical History: N

EMPLOYMENT STATUS

26. Education completed (GED - 12 years)? 13 years _____ months
(#26) High School attended? EDGEWOOD College attended? NAVARO
Subjects of major interest: PHYSICS
- Problems/special concerns during school years (i.e. discipline, truancy, learning disabilities, illness, did you dropout, why?)
DROPOUT BECAUSE OF DIVORCE (Parents)
27. Training/ technical education completed? 5 months. What field? WELDING
Name of school NEC When: 1996
28. Do you have a profession, trade, or skill? (Y/N) Y What? WELDER
Do wish to pursue/further your education? YES
29. Do you have a valid driver's license? (Y/N) Y If not, why? N
30. Do you have an automobile available for your use? (Y/N) Y Yours Y Other _____
31. How long was your longest full-time job? 4 years _____ months
Job title WELDER Name of Company BEARD MECH.
32. Usual or last occupation? WELDER

Name: Jedediah Murphy
Case #: 75910
Unit: 410-0HRC

- 33(#24) Does someone contribute to your support in any way? (Y/N) N WHO? N/A
 Why? ADDICTION How much? N
34. What was your usual employment pattern over the past 3 years? (1-8)(circle one)
 1 - full-time (40 hrs./wk) 2 - part-time (reg. hrs.) 3 - part-time (irreg. daywork) 4 - student 5 - Service
 6 - retired/disability 7 - Unemployed 8 - controlled environment
- (#21) Currently employed? Y (#22) If not, why? N
- (#23) Months employed during the last 12 months: 12
35. How many days were you paid for working in the past 30 days? (0-30) (include under the tablework) 22
36. How much money did you receive from the following sources in the past 30 days?
3,500 Employment Disability Pension, benefits, Social Security Mate, family/friends
 Illegal Unemployment compensation Welfare (AFDC, Food Stamps, WIC)
37. (#25) What was your gross income for last year? \$ 40,000
38. How many people depend on you for the majority of the food, shelter, etc? 1
39. How many days have you experienced employment/school problems in past 30 days? (0-30) 0
- (#44) What type of problems? (Ex: poor attendance, missed responsibilities, inability to find work)

Do you have any learning disabilities or literacy problems? NO

Military History: yes no Branch of Service: NO

Date of Discharge: N/A Type of Discharge: N/A Rank: N/A

Significant Issues while in military: N/A

ASK CLIENT TO USE SCALE TO RATE NEXT 2 QUESTIONS: 0- NOT AT ALL; 1-SLIGHTLY; 2-MODERATELY; 3-CONSIDERABLY; 4-EXTREMELY

40. How troubled/ bothered by these employment problems in the past 30 days? (0-4) 2
41. How important to you now is counseling for these employment problems? (0-4) 4

INTERVIEWER ONLY: 0 1 2 3 4 5 6 7 8 9; MISR: Y OR N IN. und: Y OR N

COMMENTS FOR EMPLOYMENT AREA:

ALCOHOL/DRUG USE

42. Age you first used alcohol or drugs? 12 What was it? WISKEY
- Last time you used a mood-altering drug? 11-23-98 Days clean 2 What was it? WISKEY

43. (Number of days/years)	PAST 30 DAYS	LIFETIME YEARS	ROUTE OF ADMINISTRATION
Alcohol - any use at all	<u>1</u>	<u>1</u>	<u>1</u>
Alcohol to intoxication	<u>26</u>	<u>8</u>	<u>1</u>
Heroin	<u>1</u>	<u>1</u>	<u>1</u>
Methadone	<u>1</u>	<u>1</u>	<u>1</u>
Other opiates/analgesics	<u>1</u>	<u>1</u>	<u>1</u>
Barbiturates	<u>1</u>	<u>1</u>	<u>1</u>
heroin sed/hyp/tranq	<u>1</u>	<u>1</u>	<u>1</u>
Cocaine	<u>1</u>	<u>1</u>	<u>1</u>
Amphetamines	<u>1</u>	<u>1</u>	<u>1</u>
Cannabis	<u>0</u>	<u>1</u>	<u>3</u>
Hallucinogens	<u>1</u>	<u>1</u>	<u>1</u>
Inhalants	<u>1</u>	<u>1</u>	<u>1</u>
Nicotine	<u>30</u>	<u>8</u>	<u>3</u>

More than one substance per day inc alc?

Route of Administration: 1 - Oral 2 - Nasal 3 - Smoking 4 - Non I.V. Injection 5 - I.V. Injection

44. (#37) Have you ever used a needle to administer any of these drugs? (Y/N) N

Name: Jedediah Murphy
 Case #: 75910
 Unit: 410-DHRC

NAME:

JEDIDIAH MURPHY

CASE NUMBER:

75910

		4/27			4/28			4/29								
		4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
TEMPERATURE	105															
	104															
	103															
	102															
	101															
	100															
	99															
98																
97																
96																
PULSE		80			95											
RESPIRATION		22			22											
BLOOD PRESSURE		112/71			106/76											
NIGHT																
SHIFT		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
BATH																
SKIN CARE																
ORAL HYGIENE																
DIET - TYPE		Reg			Reg			Reg								
APPETITE		Good			Good			Good								
VOIDED																
B.M.																
ACTIVITY		Amb			Amb			Amb								
S.A.D. RESULTS																
TINE TEST RESULTS																
SLEEP																
BED RAILS																
NURSES SIGNATURE																
SHIFT 1		B. J.			M. J.											
SHIFT 2		R. J.			R. J.											
SHIFT 3		L. J.			L. J.											

NAME:

JEDIDIAH MURPHY

CASE NUMBER:

75910

		11/23/98			11/24			11/25			11/26		
		4	8	12	4	8	12	4	8	12	4	8	12
TEMPERATURE	105												
	104												
	103												
	102												
	101												
	100												
	99												
	98												
97													
96													
PULSE													
RESPIRATION													
BLOOD PRESSURE													
NIGHT													
SHIFT		1	2	3	1	2	3	1	2	3	1	2	3
BATH													
SKIN CARE													
ORAL HYGIENE													
DIET - TYPE													
APPETITE													
VOIDED													
B.M.													
ACTIVITY													
S.A.D. RESULTS													
TINE TEST RESULTS													
SLEEP													
BED RAILS													
NURSES SIGNATURE													
SHIFT 1													
SHIFT 2													
SHIFT 3													

THIS TEST MUST BE READ IN 48 TO 72 HOURS!!!

I wish to take the TB Mantoux test and understand I may have some local reaction to the test. This doesn't mean I have TB.

Signature [Signature]

Date

11/23/98

Lot #

2478-11

Site

② arm

Administered by:

M. Sholson, RN

Results:

Date

48 hours

11/26/98

72 hours

[Signature]

Read by:

Nancy Benin

Jedidiah Murf
Case# 15910

Medications

Ho

1

21

1

1

6

7

3

1

11

1

2

14

2

21

U

13

20

U

1

1

—

10

4

10

1

$\frac{1}{1}$ po
daily

Duproten
 Tyl ES tabs
 11 PO q 3-4
 hrs PRN pain

SIGNATURE

NAME JEDIDIAH "JIM" MURPHY		CASE NUMBER 75910		ATTENDING PHYSICIAN I. J. LAMOTHE, M.D.																													
MONTH 11	YEAR 1998	CODE P P - Pass-charge DVC - Discontinued	ALLERGIES IODINE																														
Medications		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Cyamine 1cc IM q D X 5		9																							X	11/24/98	11/25/98	11/26/98	11/27/98	11/28/98	11/29/98	11/30/98	
Multi-vitamin cap p.o.		9																							X	11/24/98	11/25/98	11/26/98	11/27/98	11/28/98	11/29/98	11/30/98	
SERAX 15mg PO TID X 3 DAYS THEN		9 1 9																							X 11/24/98	X 11/25/98	X 11/26/98	X 11/27/98	X 11/28/98	X 11/29/98	X 11/30/98		
SERAX 15mg PO BID FOR 1 DAY THEN		9 9																							X 11/24/98	X 11/25/98	X 11/26/98	X 11/27/98	X 11/28/98	X 11/29/98	X 11/30/98		
SERAX 15mg O 1 A DAY FOR 1 DAY		9																															
MgSO ₄ 2cc IM on adm. THEN q 8h X 3 days (10 doses)		7 3 11																							X 11/24/98	X 11/25/98	X 11/26/98	X 11/27/98	X 11/28/98	X 11/29/98	X 11/30/98		
DILANTIN 300 mg PO stat. and q HS X 5 days		175																							X 11/24/98	X 11/25/98	X 11/26/98	X 11/27/98	X 11/28/98	X 11/29/98	X 11/30/98		
Mantoux TB Skin test on admission Read and Record 48-72 hrs.		60																															
NURSES INITIAL	SIGNATURE		NURSES INITIAL		SIGNATURE																												
MB	M. Holson RN		MB		M. Holson RN																												
hcy	Nancy Carpenter RN		hcy		Nancy Carpenter RN																												
AW	A. White RN		AW		A. White RN																												
CP	C. P. [Signature]		CP		C. P. [Signature]																												

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
12/10/78	245	T-97. ²⁰ 10 ear pain. Requests to see Dr.	
			N. Youman
	248	States "Thats okay - I dont need to see the Dr."	
			N. Youman
12/13/78	215	Left facility c family. States he was supposed to be discharged today anyone	
			R. J. J. J.

NURSES NOTES
SABINE VALLEY CENTER
CASH - 221 6181

NAME: Murphy, Tim
CASE NO: 75910
IMPT NO: 1102 SACR - 64-60

(X) OAK HAVEN RECOVERY CENTER () DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/28/98	10:15	Participating in group —	N. Younand
	12:15	Ate well @ lunch —	N. Younand
	2:30	Attending Family Education Group —	N. Younand
	3:30	No Ss of W/O noted —	N. Younand
11/29/98	4:00pm	Client enjoying family hr. Chugal r/c —	R. White
	5:00pm	Dinner served ate & good appetite	
		100% —	R. White
	8:00pm	Participating in group meeting —	R. White
	10:00pm	Sleeping —	R. White
	11:30pm	No S/S of withdrawal noted —	R. White
11/29/98	12:30	Assessed and accepted to PCP —	A. Brown
12/0	7:00	C/O chest pain noted. Checked V & BP 131/81 — P-82 C. Med & Joun	
		Tennis Lys comfort —	R. White
12/8/98	6:45pm	Requests to not go to outside —	
		meeting — declined as not medical	
		inpatient. Service assistants —	
		disrupt during conversation. N. Younand	
12/8/98	7:50pm	C/O severe diarrhea Med & Kaperotate	
		30cc Rx —	R. White
	8:00pm	Follow up & 15cc Kaperotate —	R. White
12/10/98	9am	Tyl ES tabs for ear ache —	N. Younand

(X) OAK HAVEN RECOVERY CENTER () DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/21/8	6 ⁰⁰	Reactions in the day 1/2 signs taken —	V. Remine
	7 ⁰⁰	Did 1 room for back to back. Agitated —	V. Remine
11/27/8	8A	1st attended meditation —	B. Jones
	9A	NK/S for med C/o being nervous —	B. Jones
	9 ³⁰	attended group —	B. Jones
	12 ³⁰	lunch - socializing to peers —	B. Jones
	2 ³⁰	Participated in activities —	B. Jones
	3 ³⁰	Quiet but feeling better —	B. Jones
11/29/8	5 ⁰⁰	At 90% down in DR —	N. Carpenter
	7 ⁰⁰	Interacting with others —	N. Carpenter
	9 ³⁰	Snacks eaten @ meeting —	N. Carpenter
	10 ⁰⁰	Agitated. C/o being nervous & feeling "funny." Vicodin 50mg po given —	N. Carpenter
	11 ³⁰	Nervous and anxious hrs —	N. Carpenter
11/30/8	12 ³⁰	Resting quietly in bed —	V. Remine
	2 ³⁰	Awake —	V. Remine
	4 ³⁰	Awake —	V. Remine
	6 ⁰⁰	Reactions for 1/2 signs. Quiet & cooperative. Did room for 1/2 signs. Talking & seeing positive —	V. Remine
	7 ³⁰	Has 1/2 signs. Continued to be cooperative —	V. Remine
11/28/8	9am	@ nurses station for meds. Calm and cooperative 3 any 40 —	N. Jones

SADINE VALLEY CENTER

SUBSTANCE ABUSE SERVICES DIVISION

[X] OAK HAVEN RECOVERY CENTER [] DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/25/98	8:00	Client attended AA Meeting participated —	
	11:00	Mg Soq Txy 2cc given Im On order — K. White	
	11:30	No S/S of withdrawal noted — K. White	
11/25/98	12:30	Resting quietly in bed —	v. Renna
	2:30	Asleep —	v. Renna
	4:30	Asleep —	v. Renna
	6:00	Awakened for the day, V/S stable, T.M. norm (R) gluteal	
		No diarrhea for lunch fact. Txy tit. good — v. Renna	
	7:30	No S/S of withdrawal apparent — v. Renna	
11/26/98	8:00	Meditation attended — J. Carpenter	
	9:15	Participated in group — N. Carpenter	
	10:30	Calm friendly & n/c — N. Carpenter	
	12:30	Ate 100% to lunch — N. Carpenter	
	3:30	No S/S withdrawal — N. Carpenter	
11/26/98	4:30	Enjoying recreation — Skin warm &	
		dry color wnc — Oriented x 3 n/c —	
	6:00	Ate dinner c 100% appetite — K. White	
	8:00	Attentive during group meeting — K. White	
	11:30	No S/S of W/D noted — K. White	
11/26/98	12:30	Resting quietly in bed — v. Renna	
	2:30	Asleep — v. Renna	
	4:30	Asleep — v. Renna	

SABINE VALLEY CENTER
SUBSTANCE ABUSE SERVICES DIVISION

[X] OAK HAVEN RECOVERY CENTER [] DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/24/98	4:30	Attentive @ study group. — M. Johnson NA	
	6:00	On-ratio to peers. No c/o M. Johnson NA	
	8:15	Attentive in meeting & setting. M. Johnson NA	
	10:00	@ snacks - good app — M. Johnson NA	
	11:15	In room — M. Johnson NA	
11/24/98	12:00	Attentive in bed - Visit — M. Johnson NA	
	1:00	Visit — M. Johnson NA	
	2:00	Visit — M. Johnson NA	
	3:00	Visit — M. Johnson NA	
	4:00	Visit — M. Johnson NA	
	5:00	Visit — M. Johnson NA	
	6:00	Visit — M. Johnson NA	
	7:00	Visit — M. Johnson NA	
	8:00	Visit — M. Johnson NA	
	9:00	Visit — M. Johnson NA	
	10:00	Visit — M. Johnson NA	
	11:00	Visit — M. Johnson NA	
11/25/98	9am	@ nurses station, for meds. Calm and talkative & any c/o. States he feels "pretty good" — M. Johnson NA	
	11:15	Attending mens therapy group - M. Johnson NA	
	12:45	Ate well @ lunch — M. Johnson NA	
	3:00	Participating in community intz. — M. Johnson NA	
	3:30	No s/s of W/O noted — M. Johnson NA	
11/25/98	5:00	Dinner served ate @ 100% appetite — M. Johnson NA	
	7pm	Socializing @ room M. Johnson NA	

SABINE VALLEY CENTER
SUBSTANCE ABUSE SERVICES DIVISION

[X] OAK HAVEN RECOVERY CENTER [] DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/24/98	7:30	Indick expires but not participating —	M. Johnson RN
	8:30	In meeting. Exp. closed @ time M. Johnson RN	
	10:00	(C) snacks & fair appetite. M. Johnson RN	
	11:45	In room — M. Johnson RN	
11/24/98	12:00	Has had vitamin therapy — 10 — Check L	
	1:00	Has had — 10 — Check L	
	2:00	Has had — 10 — Check L	
	3:00	Has had — 10 — Check L	
	4:00	Has had — 10 — Check L	
	5:00	Has had — 10 — Check L	
	6:00	Has had — 10 — Check L	
	7:00	Has had — 10 — Check L	
	8:00	Has had — 10 — Check L	
	9:00	Has had — 10 — Check L	
11/24/98	9am	@ nurses station for meds. Calm and cooperative 5 any 40 — N. Journaux	
	11:15	Participating in men's therapy group — N. Journaux	
	12:15	Ate well @ lunch — N. Journaux	
	2:30	Seen by Dr. Lamotte for H&P. No new orders — N. Journaux	
	3:30	Good day 5 any 5/5 of w/o noted — N. Journaux	

SABINE VALLEY CENTER
SUBSTANCE ABUSE SERVICES DIVISION

[X] OAK HAVEN RECOVERY CENTER [] DEAR RECOVERY RECOVERY CENTER

NURSES NOTES

DATE	TIME	REMARKS - TREATMENT	STAFF SIGNATURE
11/23/98	1:30 pm	Admitted to OHRC for alcohol withdrawal. 23-year white male. Skin cool & dry to touch. Good turgor. Denies pain or discomfort @ this time. Denies any abnormal physical problems. Oriented x3 denies problematic memory. Somewhat anxious and so upset is cooperative @ assessment. Expresses anger @ protective custody order. States "they didn't need to do it!" Reports suicide attempt 11-17-98 which led to hospitalization. Denies suicidal ideation or plan @ this time. No harm contract reviewed, signed copy to client. Verbalized past history of violent behavior. Advised is unacceptable @ OHRC acknowledged. Info for relief sources given. Admit protocol for alcohol detox followed. Oriented to facility.	M. Sholson
	5:00	Admit Serax 15 mg T qm w po M. Sholson	
	5:15	App fair @ supper	M. Sholson

NO HARM CONTRACT

- (1) I, JEDIDIAH MURPHY, agree not to cause any harm to myself, or anyone else, during the period from 11/23/98 to DISCHARGE
- (2) I will try to get enough sleep and to eat well.
- (3) I agree to get rid of things I could use to harm myself or someone else - guns, pills, razor blades, and knives.
- (4) I agree that if I feel like I might harm myself or someone else, I will talk to my counselor, OR NURSING STAFF, immediately, or call the Crisis Hotline at 1-800-832-1009.
- (5) I agree that these conditions are part of my counseling contract with Sabine Valley Center/ CHRC.
- (6) I have read and/or had this contract explained to me.

Jedidiah Murphy
Client

11-23-98
Date

M. Shokson, RN
Witness

11-23-98
Date

Client received copy ✓ Yes

 No

ms

NO HARM CONTRACT
SABINE VALLEY CENTER

NAME: Murphy Jedidiah
CASE NO: 75910
UNIT NO: 410-CHRC

SABINE VALLEY CENTER - SUBSTANCE ABUSE SERVICES DIVISION

T. 90.5

VITAL STATISTICS

Age 23 BP 127/78
 Ht 5'11" P 93
 Wt 137 R 20

MEDICAL HISTORY

ALLERGIES: FOOD: iodine
 DRUG: iodine
 OTHER: iodine

TO BE DETOXY FOR (CHEMICALS ABUSING/DAT LAST USED)

Alcohol 11-15-98

CURRENT MEDICATIONS:

AS PRESCRIBED?
☐ YES ☒ NO
☐ YES ☒ NO
☐ YES ☒ NO

If not, how?

PERSONAL MEDICAL HISTORY (INCLUDE SURGERIES AND OTHER MAJOR ILLNESSES WITH DATE):

φ

FAMILY MEDICAL HISTORY:

Diabetes
CA

ANY PROBLEMS WITH:

Contacts 11-17-98 Seizures
 Hearing φ Musculoskeletal φ
 Respiratory φ Circulatory φ
 Cardiac φ Elimination φ
 EXPLAIN: had seizure during EtOH
W/ Insulin and drug
Overdose

COMMUNICABLE DISEASE HISTORY:

Exposure to TB? denies
 Dates of Skin Test/Chest x-ray & results: tested long
time ago

Treatment:

Comments: rec'd test today @ admit

CURRENT PERSONAL PHYSICIAN:

DATE OF LAST EXAMINATION: 11-17-98 @ Presbyterian
 COMMENTS: Hosp, Kaufman, TX

NUTRITION: ATE LAST NOON DIFF φ APPETITE Reg good DIET Reg DIFFICULTY CHEWING NO
 NAUSEA φ VOMITING φ EVIDENCE OF BLEEDING φ
 REPRODUCTIVE/DATE OF LMP: N/A INFECTION: φ

SKIN:

DESCRIPTION (DRYNESS, COLOR, TURGOR): Cool/dry & good turgor

RASHES: LOCATION:
 LESIONS: LOCATION:
 BRUISES: LOCATION: arms bilat @ IV site
 COMMENTS:

PRESENT LEVEL OF FUNCTIONING

PRESENT MENTAL STATUS: ALERT ☒ CONFUSED ☐ MEMORY ☒ ORIENTATION X3 COMMENTS:
 DEGREE OF INTOXICATION: SEVERE ☐ MODERATE ☐ MILD ☒ N/A ☒ COMMENTS: no EtOH since 11-15-98
 PRESENT BEHAVIOR: ☒ COOPERATIVE ☒ ANXIOUS ☐ DEPRESSED ☐ DEMANDING ☐ DISTRUSTFUL ☐ LETHARGIC
☒ TALKATIVE ☐ WITHDRAWN COMMENTS:

ADDITIONAL COMMENTS:

fearful of what is to come and expressed
concerns over meds for detox

STAFF SIGNATURE

M. Gholson RN

DATE

11/23/98

PHYSICIAN SIGNATURE

Dr. W. A. Murphy

DATE

11/24/98

NAME:

Murphy, Tectidiak

CASE NO:

75942

UNIT NO:

410 SASD - OHRC

SASD-063 6/91



SICAL
STATUS
PS-1-B

NAME

Murphy, Teddian

1. FACILITY

2. UNIT

3. SUB UNIT

4. CASE NUMBER

7.5.9.10

5. LAST,

6. FIRST,

7. MIDDLE INITIAL

8. HR.

MIN.

AM

PM

9. MONTH

DAY

YEAR

DATE OF ACTION

TIME:

01

45

1.1

24

9.A

CLINICAL EVALUATION

SKIN:

neg

HEAD, FACE, SCALP & NECK:

neg

EYES:

neg

EARS:

neg

NOSE:

neg

MOUTH, TEETH & THROAT:

neg

NECK & THYROID:

neg

CHEST:

neg

LUNGS:

neg

HEART:

neg

VASCULAR SYSTEM:

neg

LYMPHATIC SYSTEM:

neg

ABDOMEN:

Liver enlarged & sl. tender

ANUS & RECTUM

neg

GENITALIA -- EXTERNAL

neg

INTERNAL

N/A

MUSCULOSKELETAL -- UPPER EXT.

neg

LOWER EXT

neg

TRUNK

neg



NAME

Murphy, Tedidian

1. FACILITY

2. UNIT

3. SUB UNIT

4. CASE NUMBER

7.5.9.10.

STATUS

PS 2 R

5. LAST

6. FIRST

7. MIDDLE INITIAL

8. HR.

MIN.

A AM

P PM

9. MONTH

DAY

YEAR

DATE OF ACTION

TIME:

01

45

11

21

98

NEUROLOGICAL INCL. -- -- CRANIAL NERVLs, MOTOR SYSTEM, COORDINATION (FINGER-TO-FINGER, FINGER-TO-NOSE, GAIT, ROMBERG), SENSATION, REFLEXES:

Neurologia

COMMENTS:

MEASUREMENTS AND OTHER FINDINGS

1. HT. IN INCHES

2. WT. IN LBS

3. HAIR COLOR

4. EYE COLOR

5. SKIN COLOR

15. TEMP

16. PULSE

17. RESPIRATION

18. B.I.D. PRES. SYS.

19. B.I.D. PRES. DIAS.

ORAL REC. OTHER:

20. MARKS AND SCARS

YES

NO

IF YES, DESCRIBE

Palmar
Left hand; Rt.
Dorsal wrist

UNOBTAINABLE

SUMMARY AND ELABORATION, PHYSICAL CAPACITIES

PROSTHESES

21. 1. NONE

22. 1. HEARING AID

23. 1. DENTAL

24. 4. GLASSES

SEVERE

COMMENTS: (NOTE OTHER PROSTHESES)

HEARING LOSS

1. NONE

2. MILD

3. MODERATE

4. SEVERE

SPEECH HANDICAP

1. NONE

2. MILD

3. MODERATE

4. SEVERE

VISUAL HANDICAP

1. NONE

2. MILD

3. MODERATE

4. SEVERE

COORDINATION

1. UNIMP

2. REDUCED

3. IMPAIRING

4. SEVERE

AMBLYOPIA

1. UNIMP

2. MILD

3. MODERATE

4. SEVERE

5. BEDFAST

AND CLASSIFICATION
(IF ONLY)

EXPANDED SUPPLEMENT

30. PH

33. GENETIC COMMENT

36. CONVULSIVE DISORDER

31. SEC

34. SECONDARY/CHARMAL ANOMALY

37. PSYCHIATRIC IMPAIRMENT

32. TER

35. IMPAIRMENT OF SPECIAL SENSES

38. MOTOR DYSFUNCTION

DIAGNOSES (ICD-9 NAMES AND CODES)

Alcohol dependence

SIGNATURE

J. J. Perry M.D.

11/20/08

42

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State's Exhibit Number 148

Dr. Ingram's Records

(Copy attached)

F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

§
§
§
§
§
§

IN THE 194TH JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

NOTICE OF FILING OF BUSINESS RECORDS PURSUANT TO RULE 902 (10)

TO THE HONORABLE JUDGE OF SAID COURT:

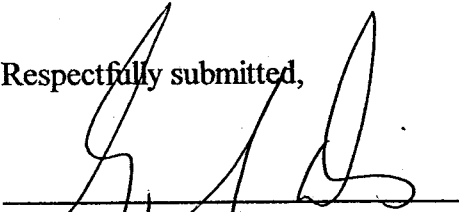
COMES NOW the State of Texas, by and through its Assistant District Attorney, Gregory S. Davis, and files this its Notice of Filing of Business Records Pursuant to Rule 902 (10), Rules of Criminal Evidence, and respectfully shows unto the Court the following:

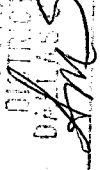
I.

The State hereby files self-authenticated business records from the following persons or entities more than fourteen (14) days prior to the commencement of trial:

1. Richard Ingram, M.D.

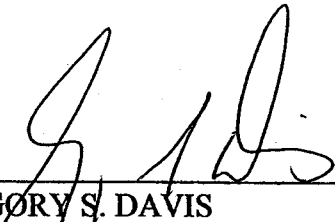
Respectfully submitted,


GREGORY S. DAVIS
Assistant District Attorney
Dallas County, Texas
Bar No. 05493550

FILED
2001 MAY -9 AM 9:15
JIM HANLEY
DISTRICT CLERK
DALLAS COUNTY, TEXAS


CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing instrument was hand-delivered to
opposing counsel on the 9th day of May, 2001.



GREGORY S. DAVIS

F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

§
§
§
§
§
§IN THE 194TH JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

AFFIDAVIT

STATE OF TEXAS

COUNTY OF

Dallas§
§
§

BEFORE ME, the undersigned authority, on this day personally appeared Laura Hix, who being by me duly sworn, deposed as follows:

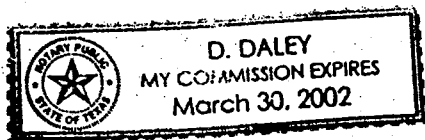
"My name is LAURA Hix. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Richard Ingram, M.D. Attached hereto are 2 pages of records from Richard Ingram, M.D. These said 2 pages of records are kept by Richard Ingram, M.D. in the regular course of business, and it was the regular course of business of Richard Ingram, M.D. for an employee or representative of Richard Ingram, M.D. with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Laura Hix

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this 12 day of April, 2001, to
certify which witness my hand and seal of office.



D. Daley
Notary Public in and for
Wood County, TX

My Commission Expires:

3/30/2002

NADA

D.O.B. 09-01-75

10605 Jim Tolar

AN. 05 1987 Wt: 64 Ht: 55½ Temp: 98po

freeman
TBtine
②

P.E. c TBtine

Tolar, Jim

1-5-87

The child has just been placed in the childrens shelter. No evidence of psychological or physical abuse is noted. Physical exam is excellent today. HEENT is unremarkable. Chest is clear. Heart has regular rhythm without murmur. Abdomen is soft with normal bowel sounds and normal gait.

IMPRESSION: Well child exam.

PLAN: No treatment.
Tine Test.

R. Ingram, M. D.

-8-87 TBtine negative

Charcia W.J

PROGRESS NOTES

"Jim"

DOB: 09-01-75

1060-5 Jimmy Tolar

Date	Notes Should Be Signed by Physician
MAY 16 1985	<p>Wt: 55½ Ht: 52¼ Temp: 99½</p> <p>Stung by insect @ calf → Entire calf reddened & swelling.</p> <p>12 cm of area inflamed 3 cm of ear.</p> <p>A: Spider bite</p> <p>P: Retract 580 3.2 x 6</p> <p>Bone density 2 top of 0</p> <p>Pelvic 1cc 1m</p> <p>Net tax</p>
JUL. 14 1986	<p>Wt: 60 Ht: 54¼ Temp: 98½ po</p> <p>Physical for scout camp</p>

Tolar, Jimmy

7-14-86

Patient is here for physical exam for scout camp. He is in excellent health, however, he is complaining about pain in his left foot.

On exam HEENT is unremarkable. Chest is clear to auscultation. Heart has regular rhythm without murmur. Abdomen is soft with normal bowel sounds. The left foot is tender in the mid instep. The patient has very flat feet.

IMPRESSION: 1. Flat feet.
2. Otherwise, healthy child exam.

PLAN: 1. High insteps in his shoes.
2. No other restrictions.

R. Ingram, M. D.

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State's Exhibit Number 149

Chelsea's Diary

(Copy attached)

1996 BIRTHSTONE: AMETHYST FEBRUARY FLOWER: VIOLET 1996

Take a smile from someone else and pass it on.

Notes: 5th Pay 31.50 - 8am

HERE I SAT ALL BROKEN HEATED thought I HAD TASHIT But ONLY FARTEDSS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 me + Donnie went to Spinnies + Serrell. came home that's all.	2 me + Donnie went to Spinnies + Serrell. came home that's all.	3 me + Donnie went to Spinnies + Serrell. came home that's all.	4 me + Donnie went to Spinnies + Serrell. came home that's all.	5 me + Donnie went to Spinnies + Serrell. came home that's all.	6 me + Donnie went to Spinnies + Serrell. came home that's all.	7 me + Donnie went to Spinnies + Serrell. came home that's all.
8 me + Donnie went to Spinnies + Serrell. came home that's all.	9 me + Donnie went to Spinnies + Serrell. came home that's all.	10 me + Donnie went to Spinnies + Serrell. came home that's all.	11 me + Donnie went to Spinnies + Serrell. came home that's all.	12 me + Donnie went to Spinnies + Serrell. came home that's all.	13 me + Donnie went to Spinnies + Serrell. came home that's all.	14 me + Donnie went to Spinnies + Serrell. came home that's all.
15 me + Donnie went to Spinnies + Serrell. came home that's all.	16 me + Donnie went to Spinnies + Serrell. came home that's all.	17 me + Donnie went to Spinnies + Serrell. came home that's all.	18 me + Donnie went to Spinnies + Serrell. came home that's all.	19 me + Donnie went to Spinnies + Serrell. came home that's all.	20 me + Donnie went to Spinnies + Serrell. came home that's all.	21 me + Donnie went to Spinnies + Serrell. came home that's all.
22 me + Donnie went to Spinnies + Serrell. came home that's all.	23 me + Donnie went to Spinnies + Serrell. came home that's all.	24 me + Donnie went to Spinnies + Serrell. came home that's all.	25 me + Donnie went to Spinnies + Serrell. came home that's all.	26 me + Donnie went to Spinnies + Serrell. came home that's all.	27 me + Donnie went to Spinnies + Serrell. came home that's all.	28 me + Donnie went to Spinnies + Serrell. came home that's all.
29 me + Donnie went to Spinnies + Serrell. came home that's all.	30 me + Donnie went to Spinnies + Serrell. came home that's all.	31 me + Donnie went to Spinnies + Serrell. came home that's all.				

NOTES: 11 Stayed where all day. Watched T.V. and that's all. Started

12 me + Donnie went to Spinnies + Serrell. came home that's all.

13 me + Donnie went to Spinnies + Serrell. came home that's all.

14 me + Donnie went to Spinnies + Serrell. came home that's all.

15 me + Donnie went to Spinnies + Serrell. came home that's all.

16 me + Donnie went to Spinnies + Serrell. came home that's all.

17 me + Donnie went to Spinnies + Serrell. came home that's all.

18 me + Donnie went to Spinnies + Serrell. came home that's all.

19 me + Donnie went to Spinnies + Serrell. came home that's all.

20 me + Donnie went to Spinnies + Serrell. came home that's all.

21 me + Donnie went to Spinnies + Serrell. came home that's all.

22 me + Donnie went to Spinnies + Serrell. came home that's all.

23 me + Donnie went to Spinnies + Serrell. came home that's all.

24 me + Donnie went to Spinnies + Serrell. came home that's all.

25 me + Donnie went to Spinnies + Serrell. came home that's all.

26 me + Donnie went to Spinnies + Serrell. came home that's all.

27 me + Donnie went to Spinnies + Serrell. came home that's all.

28 me + Donnie went to Spinnies + Serrell. came home that's all.

29 me + Donnie went to Spinnies + Serrell. came home that's all.

30 me + Donnie went to Spinnies + Serrell. came home that's all.

31 me + Donnie went to Spinnies + Serrell. came home that's all.

STARTED SPOTTING

NOTES:

1996

BIRTHSTONE: AQUAMARINE OR BLOODSTONE

MARCH

LOWER: JONQU

1996

There is no right way to do wrong.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: CHIEF mom + ym. they moved out tho.	I love Jimmy Jimmy moved out tho.	I love Jimmy Jimmy moved out tho.	I love Jimmy Jimmy moved out tho.	I love Jimmy Jimmy moved out tho.	1-800- stayed here all day went to work & that's all got drunk	2 stayed here all day cleaned up went to work & then to Chris house.
3 stayed here all day. Went to work. Came home & that's all	4 Stayed home. Manny 15. Went to work. Came home & that's all.	5 Off. Went w/ Jim to take Bob to the Dr. - Came home & that's all.	6 Pay 3am 3.40. Stayed here all day. Went to work. Came home & that's all.	7 9-10. Went to work. Me & Jim went to my Dads 11.00.00	8 madly Stacy . Went to work. Me & Jim went to work & that's all.	9 stayed at Chris. Went to work. Came back & that's all.
10 stayed at Chris. Went to work. Came back & drink.	11 Stacy . We went to work. Came home & that's all.	12 Stayed at home. Watched Ms. Grey. Stayed home all night.	13 Pated . Stayed home & watched Ms. Grey. Stayed home all night.	14 Stacy . Stayed home. Went to work. Came home & that's all.	15 Stayed home. They got out to work. Stayed home all night.	16 9-10. Took mom to Ballus. Went to work. Picked mom up. Stayed home.
17 Went to work. Stayed at Chris. Hall.	18 Stacy . We went to work. Came home & that's all.	19 Stacy . Here all day. Watched Ms. Grey. Stayed home all night.	20 Stacy . Went to work. Came home & that's all.	21 Stacy . Stayed home. Went to work. Came home & that's all.	22 Stacy . Stayed home. Went to work. Came home & that's all.	23 Stacy . Took mom to hair app. Went to work. Came home & that's all.
ST. PATRICK'S DAY We went to 24th St. & that's all.	24 Stacy . Stayed home. Went to work. Came home & that's all.	25 Stacy . Stayed home. Went to work. Came home & that's all.	26 Stacy . Went to the doctor & then to Edgewood & over to Doc. Came home & that's all.	27 Stayed home all day. Went to work. Came home & that's all.	28 Stacy . Stayed home. Went to work. Came home & that's all.	29 Stacy . Stayed home. Went to work. Came home & that's all.
30 Stacy . Stayed home. Went to work. Came home & that's all.	31 Stacy . Stayed home. Went to work. Came home & that's all.	32 Stacy . Stayed home. Went to work. Came home & that's all.	33 Stacy . Stayed home. Went to work. Came home & that's all.	34 Stacy . Stayed home. Went to work. Came home & that's all.	35 Stacy . Stayed home. Went to work. Came home & that's all.	36 Stacy . Stayed home. Went to work. Came home & that's all.

Recd

1996 BIRTHSTONE: DIAMOND APRIL FLOWER: SWEET PEA

Bobby is drinking a really big glass of the rocks the day of the 2nd. Temper gets you into trouble. Pride keeps you there.

She's the next 4th

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: 1st stayed here all day + went to work + came home + that's all! APRIL FOOL'S DAY	2nd stayed here all day + went to work + came home + that's all! APRIL FOOL'S DAY	3rd stayed home all day. not Jim fought + that's all! really!	4th stayed here all day. went to work + came home + that's all! really!	5th stayed here all day. went to work + came home + that's all! really!	6th stayed here all day. went to work + came home + that's all! really!	7th stayed here all day. went to work + came home + that's all! really!
8th stayed here all day. went to work + came home + that's all! really!	9th stayed here all day. went to work + came home + that's all! really!	10th stayed here all day. went to work + came home + that's all! really!	11th stayed here all day. went to work + came home + that's all! really!	12th stayed here all day. went to work + came home + that's all! really!	13th stayed here all day. went to work + came home + that's all! really!	14th stayed here all day. went to work + came home + that's all! really!
15th stayed here all day. went to work + came home + that's all! really!	16th stayed here all day. went to work + came home + that's all! really!	17th stayed here all day. went to work + came home + that's all! really!	18th stayed here all day. went to work + came home + that's all! really!	19th stayed here all day. went to work + came home + that's all! really!	20th stayed here all day. went to work + came home + that's all! really!	21st stayed here all day. went to work + came home + that's all! really!
22nd stayed here all day. went to work + came home + that's all! really!	23rd stayed here all day. went to work + came home + that's all! really!	24th stayed here all day. went to work + came home + that's all! really!	25th stayed here all day. went to work + came home + that's all! really!	26th stayed here all day. went to work + came home + that's all! really!	27th stayed here all day. went to work + came home + that's all! really!	28th stayed here all day. went to work + came home + that's all! really!
29th stayed here all day. went to work + came home + that's all! really!	30th stayed here all day. went to work + came home + that's all! really!	31st stayed here all day. went to work + came home + that's all! really!	1st stayed here all day. went to work + came home + that's all! really!	2nd stayed here all day. went to work + came home + that's all! really!	3rd stayed here all day. went to work + came home + that's all! really!	4th stayed here all day. went to work + came home + that's all! really!

Everything is gonna be okay! Together. I'm sorry Jimbo!

NOTES:

1-800-772-1213
 1996 BIRTHSTONE: EMERALD 457-85 MAY 44/8
 FLOWER: LILY OF THE VALLEY 1996
 He who laughs lasts. slow n' forget the joke
 I guess I fucked myself up again on time!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>NOTES: Conley - Athens 9 AM to 12 A Ops office 2 miles I Love you</p> <p>5 stayed there all day went to work & that's all really!</p>	<p>6 me & Jim went to work & that's all really!</p>	<p>7 me & Jim went to Bobby's house. went home & that's all really!</p>	<p>8 stayed there all day went to work & that's all really!</p>	<p>9 went to work went to work & that's all really!</p>	<p>10 went to work went to work & that's all really!</p>	<p>11 went to work went to work & that's all really!</p>
<p>12 went to work came home & that's all really!</p> <p>MOTHER'S DAY</p>	<p>13 went to work came home & that's all really!</p>	<p>14 went to work came home & that's all really!</p>	<p>15 went to work came home & that's all really!</p>	<p>16 stayed there all day. Jim was home & that's all really!</p>	<p>17 stayed there all day. Jim was home & that's all really!</p>	<p>18 went to work came home & that's all really!</p>
<p>19 went to work came home & that's all really!</p>	<p>20 stayed there all day. Jim was home & that's all really!</p>	<p>21 went to work came home & that's all really!</p>	<p>22 went to work came home & that's all really!</p>	<p>23 stayed there all day. Jim was home & that's all really!</p>	<p>24 slept all day & went to work. came home & that's all really!</p>	<p>25 me & Jim went to work. came home & that's all really!</p>
<p>26 stayed there all day. Jim was home & that's all really!</p>	<p>27 me & Jim went to work. came home & that's all really!</p>	<p>28 went to work came home & that's all really!</p>	<p>29 went to work came home & that's all really!</p>	<p>30 went to work came home & that's all really!</p>	<p>NOTES: 1109 551</p>	

I Love you all argued - sorry baby all work on my part.

NOTES:

1996 BIRTHSTONE: PEARL JUNE FLOWER: ROSE 1996

Last time is never found again. I need my f. watch back

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p><i>1st Jim, I Love ya w/ all my heart. You are the only person in this world that I know will be by my side no matter what. You are the best thing that has ever come in my life.</i></p>						
<p><i>2 Went to work came home & that's all really</i></p>	<p><i>3 Went to apt. Went to work came home & went to bed</i></p>	<p><i>4 Went to Canton came home washed clothes came home went to bed</i></p>	<p><i>5 Went to work came home moved to new shop</i></p>	<p><i>6 Stayed home all day. Went to mall & home</i></p>	<p><i>7 Stayed home I Love you all day</i></p>	<p><i>8 Stayed home all day. Went to work came home & that's all really</i></p>
<p><i>9 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>10 Stayed home. Went to the store. Came home & that's all really</i></p>	<p><i>11 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>12 Went to work. Washed clothes. Came home & that's all really</i></p>	<p><i>13 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>14 Went to work. Came home & that's all really</i></p>	<p><i>15 Jim went to work. Came home & that's all really</i></p>
<p><i>16 Went to work. Came home & that's all really</i></p>	<p><i>17 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>18 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>19 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>20 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>21 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>22 Stayed home. Went to work. Came home & that's all really</i></p>
<p><i>23 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>24 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>25 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>26 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>27 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>28 Stayed home. Went to work. Came home & that's all really</i></p>	<p><i>29 Stayed home. Went to work. Came home & that's all really</i></p>
<p><i>30 Stayed home. Went to work. Came home & that's all really</i></p>						

Jerry Baby! I Love you

NOTES

1996

BIRTHSTONE: RUBY

JULY

FLOWER: LARKSPUR

1996

Chelsea L. Willis

Love U Gimbert

The smallest good deed is better than the grandest intention.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: fought w/ small night in river. sorry I love you I am in love 7W. went to Gims family reunion + went to play bingo. Went to bed.	stayed here. sent to work. Came home. Watched T.V. + went to bed.	2 stayed here. went to work. Came home. Watched T.V. + went to bed.	3 575.00 rent. stayed here. went to work. Came home. Watched T.V. + went to bed.	4 stayed here. went to work. Came home. Watched T.V. + went to bed.	5 went to work. Came home. Watched T.V. + went to bed.	6 slept all day. Went to work. Came home. Watched T.V. + went to bed.
14 stayed here. Went to work. Went to Gims family reunion. Went to bed.	15 went to Forest. And. Austin. Rumor. Rest in Peace. Love you.	16 stayed here. Washed clothes. Went to work. Came home. Bob stayed.	17 80.00 radio. Paid. Bob. Home. Stayed here. Watched T.V. + went to bed.	18 went to work. Came home. Watched T.V. + went to bed.	19 stayed here. Went to work. Came home. Watched T.V. + went to bed.	20 stayed here. Went to work. Came home. Watched T.V. + went to bed.
* 21 stayed here. Went to work. Came home. Watched T.V. + went to bed.	* 22 stayed here. Went to work. Came home. Watched T.V. + went to bed.	23 went to work. Stayed here. all night. long by myself. Jim. 23.00 home. Bob.	24 stayed here. Went to work. Came home. Watched T.V. + went to bed.	25 came home. Went to work. Went back out to Lees home.	26 came home. Went to work. Stayed out at Lees house.	27 went to work. Went out to Lees house.
28 stayed here. Went to work. Came home. Watched T.V. + went to bed.	29 stayed here. Went to work. Came home. Watched T.V. + went to bed.	30 stayed here. Went to work. Came home. Watched T.V. + went to bed.	31 8.00 radio. Stayed here. Fought w/ Jim.	[Scribbled out section]		

Chelsea L. Willis 2.30

1996 BIRTHSTONE: SARDONYX OR PERIDOT AUGUST FLOWER: GLADIOLA 1996

If you want to be heard, whisper!

80 50.00 150.00

480-495

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES				1 Stayed home. Went to work. Came home. Watched T.V. Went to Bed.	2 Stayed home all day. Went to work. Went to Bed.	3 Rented 575.00. Came home. Went to work. Went home. Watched T.V.
80 4 Stayed here. Watched TV. Went to work. Came home. Watched all day.	5 Stayed here. Went to work. Came home. Watched all day.	6 Stayed here all day. Went to work. Came home. Watched all day.	7 Stayed here. Went to work. Came home. Watched all day.	8 Stayed here. Went to work. Came home. Watched all day.	9 Stayed here all day. Went to work. Came home. Watched all day.	10 Stayed here. Went to work. Came home. Watched all day.
11 Stayed here all day. Went to work. Came home. Watched all day.	12 Stayed here all day. Went to work. Came home. Watched all day.	13 Stayed here all day. Went to work. Came home. Watched all day.	14 Radio. Went to work. Came home. Watched all day.	15 Stayed here all day. Went to work. Came home. Watched all day.	16 Stayed here all day. Went to work. Came home. Watched all day.	17 Stayed here all day. Went to work. Came home. Watched all day.
18 Stayed here. Came home. Watched T.V. Went to Bed.	19 Stayed here. Went to work. Came home. Watched all day.	20 Stayed here all day. Went to work. Came home. Watched all day.	21 Stayed here. Went to work. Came home. Watched all day.	22 Stayed here all day. Went to work. Came home. Watched all day.	23 Stayed here all day. Went to work. Came home. Watched all day.	24 Stayed here all day. Went to work. Came home. Watched all day.
25 Stayed home. Went to work. Came home. Watched all day.	26 Stayed home. Went to work. Came home. Watched all day.	27 Stayed home. Went to work. Came home. Watched all day.	28 Stayed home. Went to work. Came home. Watched all day.	29 Stayed home. Went to work. Came home. Watched all day.	30 Stayed home. Went to work. Came home. Watched all day.	31 Stayed home. Went to work. Came home. Watched all day.

Weekend = 80.00 150.00

Sorry I love ya!

NOTES: *Happy B-Day Jim! Chelsea*

5/10/96 1996 BIRTHSTONE: SAPPHIRE SEPTEMBER FLOWER: ASTER 1996 *5/10/96*

The really happy person is one who can enjoy the scenery when on a detour. Chelsea

Didiah Isaac Murphy BP together 9 months

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>1st Happy to eat B'D went to work. Come home that's all. 8 stayed here and went to work. Come home that's all really.</i>	<i>2 stayed here all day. Went to work. Come home that's all. LABOR DAY</i>	<i>3 Rent stayed here we went to work. Come home that's all. 4 stayed here. Went to work. Come home that's all.</i>	<i>4 stayed here. Went to work. Come home that's all. 5 stayed here. Went to work. Come home that's all.</i>	<i>5 stayed here. Went to work. Come home that's all. 6 stayed here. Went to work. Come home that's all.</i>	<i>6 stayed here. Went to work. Come home that's all. 7 stayed here. Went to work. Come home that's all.</i>	<i>7 stayed here. Went to work. Come home that's all. 8 stayed here. Went to work. Come home that's all.</i>
<i>15 stayed here all day. Went to work. Come home that's all. 16 stayed here all day. Went to work. Come home that's all.</i>	<i>16 stayed here all day. Went to work. Come home that's all. 17 went to work. Come home that's all.</i>	<i>17 went to work. Come home that's all. 18 stayed here all day. Went to work. Come home that's all.</i>	<i>18 stayed here all day. Went to work. Come home that's all. 19 came home. Slept all day. Went to work. Come home that's all.</i>	<i>19 came home. Slept all day. Went to work. Come home that's all. 20 stayed here all day. Went to work. Come home that's all.</i>	<i>20 stayed here all day. Went to work. Come home that's all. 21 stayed here all day. Went to work. Come home that's all.</i>	<i>21 stayed here all day. Went to work. Come home that's all. 22 went to work. Come home that's all.</i>
<i>22 went to work. Come home that's all. 23 stayed here all day. Went to work. Come home that's all.</i>	<i>23 stayed here all day. Went to work. Come home that's all. 24 went to work. Come home that's all.</i>	<i>24 went to work. Come home that's all. 25 stayed here all day. Went to work. Come home that's all.</i>	<i>25 stayed here all day. Went to work. Come home that's all. 26 came home. Slept all day. Went to work. Come home that's all.</i>	<i>26 came home. Slept all day. Went to work. Come home that's all. 27 stayed here all day. Went to work. Come home that's all.</i>	<i>27 stayed here all day. Went to work. Come home that's all. 28 stayed here all day. Went to work. Come home that's all.</i>	<i>28 stayed here all day. Went to work. Come home that's all. 29 stayed here all day. Went to work. Come home that's all.</i>
<i>29 stayed here all day. Went to work. Come home that's all. 30 stayed here all day. Went to work. Come home that's all.</i>	<i>30 stayed here all day. Went to work. Come home that's all. 31 stayed here all day. Went to work. Come home that's all.</i>	<i>[Scribbled out]</i>				

ROSH HASHANAH

NOTES
180.00
160.00
340.00
240.00
300.00
1996 BIRTHSTONE: OPAL
OCTOBER
fact is the a making a point without making an enemy.

FLOWER: CALENDULA 1996

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>NOTES: <i>juw #30</i> <i>Radio: 160.00</i> <i>547-2299</i> <i>Work</i></p>		<p>1 <i>Rent 295</i> <i>Took Jim to work.</i> <i>Paid rent</i> <i>Went to work.</i> <i>10-6</i></p>	<p>2 <i>Took mammal to Dr.</i> <i>Came home</i> <i>Went to bed.</i> <i>Feel.</i></p>	<p>3 <i>Took Jim to Dr. Dr. played guitar</i> <i>Went to bed</i></p>	<p>4 <i>Stayed here.</i> <i>Went to work.</i> <i>Came home and bought w/gim.</i></p>	<p>5 <i>Stayed here.</i> <i>Went to work & then went home.</i> <i>2-10</i></p>
<p>6 <i>2-10</i> <i>Stayed here</i> <i>Went to work</i> <i>This sucks</i> <i>Came home</i></p>	<p>7 <i>Stayed here</i> <i>Went to work</i> <i>ma mals & that's all</i> <i>Stayed home</i></p>	<p>8 <i>2-10</i> <i>Jim went to work</i> <i>look for job</i> <i>Went home</i></p>	<p>9 <i>riored.</i> <i>mal ma</i> <i>Came home & that's all.</i> <i>Stayed home</i></p>	<p>10 <i>moved</i> <i>met diff</i> <i>room and</i> <i>Came home</i> <i>& that's all</i> <i>all really</i></p>	<p>11 <i>Went to garage sales.</i> <i>met diff</i> <i>Went to sales</i> <i>& stayed there</i> <i>made around</i></p>	<p>12 <i>Came home & stayed</i> <i>Went to work</i> <i>Went to work</i></p>
<p>13 <i>Stayed here all day.</i> <i>& that's all really</i></p>	<p>14 <i>Stayed here all day.</i> <i>Need work.</i> <i>Came home</i> <i>COLUMBUS DAY</i></p>	<p>15 <i>Stayed here</i> <i>Went & looked for job.</i> <i>Playd Aing</i></p>	<p>16 <i>Stayed here</i> <i>Chased up. looked for job.</i> <i>Came home & that's all.</i> <i>Stayed</i></p>	<p>17 <i>Took for job</i> <i>Came home & that's all</i> <i>Went to work</i> <i>24 sx</i> <i>W/ma mal</i> <i>Took Jim to work</i> <i>Came home</i> <i>Started</i></p>	<p>18 <i>Took for job</i> <i>Came home</i> <i>that's all</i> <i>Paid bill</i> <i>Went to bed</i></p>	<p>19 <i>Jim went to garage sales.</i> <i>Came home</i> <i>and that's all really.</i></p>
<p>20 <i>Stayed here all day.</i> <i>Pone clothes</i> <i>That's it!</i></p>	<p>21 <i>Monday 10:50</i> <i>My care</i> <i>Stayed here</i> <i>Came home</i> <i>that's all.</i></p>	<p>22 <i>Stayed here all day.</i> <i>Took Jim to work</i> <i>Stayed here</i></p>	<p>23 <i>Stayed here all day.</i> <i>Took Jim to work</i> <i>Came home</i></p>	<p>24 <i>Stayed here all day.</i> <i>Took Jim to work</i> <i>Came home</i></p>	<p>25 <i>Cable</i> <i>2:30</i> <i>Went to work</i> <i>Stayed here all night.</i> <i>Went to bed</i></p>	<p>26 <i>Stayed here</i> <i>Went to work</i> <i>Went to hospital</i> <i>Came home</i> <i>Went to bed.</i></p>
<p>27 <i>Went to hospital</i> <i>me & Jim</i> <i>argued all day.</i> <i>Went to bed</i></p>	<p>28 <i>Argued w/ Jim</i> <i>Went to hospital</i> <i>Came home</i> <i>that's all.</i></p>	<p>29 <i>Went to bed</i> <i>Went to work</i> <i>Came home</i> <i>& that's all</i> <i>Really!</i></p>	<p>30 <i>Stayed here all day.</i> <i>Umm</i> <i>Car out</i> <i>Stayed here</i> <i>Went to bed.</i></p>	<p>31 <i>Took mammal to Dr.</i> <i>Went to work</i> <i>Came home</i> <i>& that's all</i> <i>Halloween</i></p>	<p>NOTES: <i>Chelsea</i> <i>Jeigh</i> <i>Wills</i></p>	

Pregnant

1996 BIRTHSTONE: TOPAZ

NOVEMBER

FLOWER: CHRYSANTHEMUM

1996

Nights -

It is the little difference in each of us that is the big difference.

Thank - U
Brother's
Promise

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: <i>mama 903-628-4129</i> <i>Cindy - 288-0603</i> <i>Shirley 628-2970</i> <i>Work 793-4935</i>						<i>1 Jook =</i> <i>ma mal</i> <i>to Dr.</i> <i>Came home</i> <i>Went to</i> <i>to work.</i>
<i>3 We</i> <i>Went to</i> <i>the store</i> <i>Came home</i> <i>+ that's</i> <i>all really</i>	<i>4 Stayed</i> <i>here all</i> <i>day. met</i> <i>Jim Gogget</i> <i>Went to</i> <i>Dr. Came</i> <i>home.</i>	<i>5 Went</i> <i>to work</i> <i>Went to</i> <i>Dr. Came</i> <i>home +</i> <i>Stayed here</i> <i>at night</i> <i>Played</i>	<i>6 Went</i> <i>to work</i> <i>Came home</i> <i>Went +</i> <i>Played</i> <i>Bingo</i> <i>Stayed home</i>	<i>7 Went</i> <i>to Dr.</i> <i>Came home</i> <i>Stayed</i> <i>here and</i> <i>cleaned</i> <i>house.</i>	<i>8 Stayed</i> <i>here all</i> <i>day. Went</i> <i>+ got Beer</i> <i>Came home</i> <i>+ that's</i> <i>all really</i>	<i>9 We Went</i> <i>to Dr.</i> <i>Came home</i> <i>+ that's</i> <i>all really</i>
<i>10 Jim</i> <i>Cooked</i> <i>dinner</i> <i>Stayed</i> <i>here all</i> <i>night.</i>	<i>11 Stayed</i> <i>here all</i> <i>day. Went</i> <i>to look at</i> <i>house.</i> <i>VETERAN'S DAY</i>	<i>12 Went</i> <i>to work</i> <i>Came home</i> <i>Went to work</i> <i>Came home</i> <i>Went to</i> <i>Dr. Came</i>	<i>13 Went</i> <i>to work</i> <i>Came home</i> <i>Went to</i> <i>Dr. Came</i> <i>that's all</i> <i>Stayed here</i>	<i>14 Jook</i> <i>ma mal</i> <i>to Dr.</i> <i>Came home</i> <i>Went to</i> <i>Dr. Came</i> <i>that's all</i>	<i>15 7-11</i> <i>Went to</i> <i>work Came</i> <i>home</i> <i>Stayed here</i> <i>Went to</i> <i>Jim</i>	<i>16 6-10</i> <i>Went to</i> <i>work Came</i> <i>home</i> <i>Got Beer</i> <i>Got in fight</i> <i>W/ Jim</i>
<i>17 7-11</i> <i>Went + got</i> <i>ma mal</i> <i>Stayed home</i> <i>+ that's all</i> <i>really</i>	<i>18 7-11</i> <i>Stayed</i> <i>here. me</i> <i>+ that's all</i> <i>Stayed</i> <i>Bingo</i>	<i>19 6-10</i> <i>Went to</i> <i>work Came</i> <i>home +</i> <i>that's all</i> <i>really</i>	<i>20 7-11</i> <i>Stayed</i> <i>here all</i> <i>day. Cleaned</i> <i>up. me</i> <i>Went to</i> <i>Dr. Came</i>	<i>21 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>22 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>23 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>
<i>24 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>25 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>26 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>27 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>28 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>29 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>	<i>30 7-11</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i> <i>Went to</i> <i>Dr. Came</i>

1165-551-008-11

THANKSGIVING

Night

NOTES:

1996

BIRTHSTONE: TURQUOISE


DECEMBER

FLOWER: NARCISSUS

1996

One good thing you can give and still keep is your word.

Love ya

Sunday 31	Monday 30	Tuesday 29	Wednesday 28	Thursday 27	Friday 26	Saturday 25
*1 Went to Dad's. Came home and that's all really.	2 Stayed here all day. Watched TV. That's all.	3 Stayed here all day. Went to sleep.	4 Stayed here. Went to store. Went to Bar.	5 STARTED A FAMILY TODAY. I LOVE YOU CHELSEA VERY MUCH. I LOVE YOU.	6 Stayed here all day. Night long.	7 Stayed here all day. Ate dinner. At Jeff.
8 Stayed home all day. Went to school. Clothes.	9 We moved. Stayed the night at Sima's.	10 Moved into Dad's house. Stayed there.	11 Stayed here all day. That's all.	12 Stayed here all day. Slept. That's all.	13 Stayed here. Watched Jeffery. Went to child.	14 Stayed here all day. Went to child's house. That's all.
15 Stayed here all day long. Watched T.V. and that's all.	16 Stayed here all day. That's all really. Stayed at Jim's.	17 Stayed here and went home. That's all really. Didn't go to school.	18 Went down to Chris and that's all really.	19 Went down to Chris and that's all really.	20 Stayed here. Went to his mom's. Went to gym. That's all.	21 Came home. Played cards. Came home. Thank you.
22 Stayed here all day and that's all. Jim came home.	23 Went to Sima's. Watched kids and Sima's.	24 Went to Sima's. Watched kids. Went to hospital. Came home.	25 Stayed here all day long and that's all really. CHRISTMAS	26 Stayed here all day and that's all really.	27 Went to Carter's. Stayed home. Jim went to work.	28. 2000. Went to Sonja's. Jim - work. Came home. That's all.
29 Went over to Chris. Stayed the night at Billy's.	30 Watched the kids and went home. And that's all really.	31 Stayed home. Went over to Chris house and that's all really.	NOTES:  575 - 5775 Thank u Jim. Best year of my life.			

Love you

1997 BIRTHSTONE: GARNET

JANUARY

FLOWER: CARNATION

1997

A smile is the most important thing you can ever wear.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: 1-12-96 It will be a year that me + my baby been together. Hope we make it.			1 Went to chi's came home and sat all really NEW YEAR'S DAY	2 Went over to chi's cleaned up and (that's) all really	3 Went over to chi's house and that's all really stayed at home	4 Went w/ Chiarel OT to Dallas came home went to bed
5 Stayed here all day played Carol went to sleep!	6 Stayed here all day and that's all really	7 Stayed here all day and that's all really	8 Stayed here all day watched TV and that's all really	9 Went to all day and that's all	10 Stayed here all day and watched TV and that's all	11 Stayed home went to chi's taught w/ Jim
12 Stayed home all day and that's all	13 Stayed home all day went to chi's all Jim left	14 Stayed home all day long Jim still gone Thanks	15 Stayed home all day and that's all went to bed	16 Stayed home all day and that's all Thanks	17 Went to service w/ Chi came home and that's all really	18 Stayed here all day and helped dad and that's all really
19 Stayed here. They worked on car. Came home and that's all really!	20 Stayed here all day. That's all really MARTIN LUTHER KING DAY	21 Stayed here all day + watched TV and that's all really	22 Stayed here all day and that's all really!	23 Stayed here. Went to service w/ Chi and that's all	24 Went to the Dr. came home and that's all. Stayed here.	25 Stayed here all day. Helped Dad. Forgot w/ Jim.
26 Went over to chi's came home stayed here till night	27 Stayed here all day and that's all really	28 Stayed here all day and that's all really	29 Stayed here all day and that's all really	30 Went to the Dr. then to work and that's all	31 Stayed here. Went to work and that's all really	NOTES:

1997 BIRTHSTONE: AMETHYST FEBRUARY FLOWER: VIOLET 1997

Sugar smacks Frogs have it easy—They eat what bugs them. *open up + say Jaha*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: <i>Jim, thanks for the good times. I'm glad that something or maybe someone was more important to you on V-Day. Thanks you proved I wasn't. I was mad at 4</i>						<i>1 Stayed here all day. Went to bed and that's all really.</i>
<i>2 Went to the Hospital stayed here.</i>	<i>3 Bought w/ Jim stayed here.</i>	<i>4 Stayed here all day and that's all</i>	<i>5 Stayed here and went to work and that's all</i>	<i>6 Stayed here. Went to the Dr. Went to work came home.</i>	<i>7 Stayed here all day and night.</i>	<i>8 Stayed here. Played Bingo & that's all</i>
<i>9 Stayed here & washed clothes.</i>	<i>10 Jim is still gone. Thanks</i>	<i>11 did nothing</i>	<i>12 did nothing</i> <small>ASH WEDNESDAY LINCOLN'S BIRTHDAY</small>	<i>13 Stayed the night at Pams that's all.</i>	<i>14 Went to eat & to work then home.</i> <small>VALENTINE'S DAY</small>	<i>15 Stayed home. Played Bingo stayed w/ Jim.</i>
<i>16 Went home. Bob's Party. Came home.</i>	<i>17 Took Jim home and came home.</i> <small>PRESIDENT'S DAY</small>	<i>18 got nail done. Went to Jim's came home.</i>	<i>19 Took Bob to some place. Took Jim home. Worked and came home.</i>	<i>20 Picked Jim up. Stayed at home and that's all really.</i>	<i>21 Stayed home. Went to work and stayed w/ Jim.</i>	<i>22 Me + Jim + Bob went to mosquito stayed home and that's all</i>
<i>23 me and Jim went shopping stayed there all night</i>	<i>24 Went to work and stayed at Jim's.</i>	<i>25 Stayed here. Went to work. Picked Jim up. Came home.</i>	<i>26 Stayed at home. Went to work then Jim's and that's all</i>	<i>27 Went to Dr. then to Jim's. Stayed there.</i>	<i>28 Went to work. Came home and that's all really.</i>	NOTES:

F... Jim *It's a girl.*

NOTES

1997

BIRTHSTONE: AQUAMARINE OR BLOODSTONE

MARCH

FLOWER: JONQUIL

1997

A diamond is a chunk of coal that made good under pressure.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES:						13 th Jim played golf stayed at the house watched movie
2 Stayed home all day and watched T.V.	3 Fought w/ Jim. Went to work. Stayed at home.	4 Went to the house. Jim played golf. Went home.	5 Fought w/ Jim. Went to work. Came back there.	6 Stayed there all day. and that's all really	7 Went to work then to Jim's + that's all	8 Stayed at the house all day long.
9 Me and Jim went to terrace. Played Bingo. Stayed at Jim's	10 Went home. Heater fixed. Went to work. ORTHODOX LENT BEGINS	11 Got water pump fixed. Went to Jim's.	12 Stayed home all day. Played Bingo. Went home.	13 Stayed home all day.	14 Date 0	15 Went and Played Bingo. Stayed home.
16 Stayed at the house. Went to work. 5-9	17 Stayed home. Went to work. Stayed at Jim's. ST. PATRICK'S DAY 3-9	18 Stayed home. Went to work. Went home. 2-9	19 Stayed home. Went to work. Fought w/ Jim. 2-9	20 Stayed home. and that's all. Jim 5-10	21 Stayed home. Went to work. That's all	22 Stayed w/ Jim. Played Bingo.
23 Stayed home. PALM SUNDAY - PURIM. Jim. Went to Jim's. Played Bingo. 30	24 Stayed with Jim. Went to work. 31	25 Stayed w/ Jim. Went to Wal-Mart. Went home.	26 Stayed home. Went to work. 29	27 Stayed home. Played Bingo. Went home.	28 Stayed home. Went to work. Went home. GOOD FRIDAY	29 Went and played Bingo and stayed at Jim's

1997 BIRTHSTONE: DIAMOND APRIL FLOWER: SWEET PEA 1997

Chelcee Leigh Williams Today is the tomorrow I worried about yesterday and it did not happen. Chelcee

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: Pay Insurance 4th 84.00		1 Went to Canton home. Came home. Forgot to go to gym. APRIL FOOL'S DAY.	2 Stayed home. Went to work. Came home.	3 Stayed home. Went to work. Came home.	4 Stayed home. Went to work. Went home. Went to Bed	5 Went to work. Fixed car. Came home. d that's all.
6 Stayed home and went to work.	7 Stayed home. Went to work. Came home.	8 Stayed home. Went to work + took a call!	9 Stayed home. Went to work. Played bingo. Went home.	10 Went to the Dr. Went to work. Went home.	11 Went to work. Shopping. Stayed out at gym.	12 Went Shopping. Went + played Bingo. Went to gym.
13 Went to work. Played bingo. Stayed in room.	14 Went home. Went to gym. Went to work. Went home.	15 Took Chi to work. Went over to gym. Picked up + went home.	16 Went to work. Went home. And that's all.	17 Went to the Dr. Went to work. Played bingo and stayed in home.	18 Went to work. Me and Jim. Stayed in home. Senell.	19 Went and played Bingo. Went to gym.
20 Went to work. Went to gym. 6:00.	21 Went to work to clean. Took Jim home. Went home.	22 Watched ms. Gray. Went to Senell. Took Jim home. PASSOVER BEGINS. Stayed there.	23 Took home. Went to work. Forgot to go to gym. Went to work. Went home.	24 Me + Chi. Went to work. And played bingo. Went home.	25 Went to work. Me + Donni. Played bingo. Went home.	26 Went + played Bingo all day. Went to gym.
27 Went to trip. Went to work. d that's all. ready. ORTHODOX EASTER. Stayed at gym. Played Dustin 100.00	28 Randa. Stayed 25. Home. Went to work. Went home.	29 Worked on trailer. Went to Senell. Took Jim home. Stayed there.	30 Stayed home all day. worked 2 to 5. Went to gym and took a call.	NOTES: Chelcee Leigh Williams 74.00		

Cheryl Ruff M.D. Dr. Cheryl Ruff

1997 BIRTHSTONE: EMERALD MAY FLOWER: LILY OF THE VALLEY 1997

The road to success is always under construction.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: <i>Cheryl Ruff</i>	<i>Cheryl Ruff</i>	<i>Cheryl Ruff</i>	<i>Cheryl Ruff</i>	1 Went to work. Cheryl Ruff Said Jim home.	2 Went to work. Stayed at Jim's. That's all really.	3 Went to first Monday. Played Bingo. Went to work.
4 Went to work and that's all really. Stayed at home.	5 Stayed here. Took Jim home. Came home.	6 Went picked up Jim. Came home.	7 Went to work. We went & played Bingo. Stayed at Jim's.	8 Went to work. We went & played Bingo. Went home.	9 Took Jim to Dallas. Went by Pams. Played bingo. Went home.	10 Went to work. Played bingo. Went home.
11 Went to work. Came home & that's it. MOTHER'S DAY	12 Stayed home. Went to see Dad. Went to work. Pay ins. 84.	13 Me & Jim worked on house. Stayed out at his house & that's all.	14 Went to w.f. Went to work and that's all really!	15 Went to work. Went to work. Played bingo. Went home.	16 Picked up Jim & went to work. Went to Jim's.	17 Went to work. Went to Jim's & that's all. ♥
18 Went to work. Went to work. Played bingo. ♥	19 Went to work. Stayed at home. Went to work. All home.	20 Went to work. Went to work. Went to work. All home.	21 Stayed home all day. Went to work & went home and that's all.	22 Went to Jim's. Then to Serail. Came home & that's all really.	23 Me & Jim went to work. Went to work. Came home & that's all really.	24 Went to Jim's. Went back home. Kept kids at home. All really!
25 Stayed home. Came to work. Went home & that's all really.	26 Stayed home. Went to work & went home & that's all. MEMORIAL DAY	27 Stayed home. Chi. 30. Dad 30. Stayed home.	28 Stayed home. Went to work. Went home & that's all really.	29 Went to work. Played 1st Session. Came home & that's all really.	30 Stayed home. Went to work. Me & Jim stayed home.	31 Went to 1st Mon. Came home. Went to work. Came home & that's all.

Jim came home June 4/97.

Chelsea Loves ya Jim!

1997 BIRTHSTONE: PEARL **EHT** **JUNE** FLOWER: ROSE **1997**

Beware of the half truth You may have gotten hold of the wrong half. **9/27**

Don't tell

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Went & washed clothes. Went to work. Came home that's all.	2 Went & ate. Went to work. Came home that's all.	3 Took Bob to Dallas. Came home & that all really watched T.V.	4 Stayed home. Went to work and that's all really.	5 Took Bob to Dallas. Went & played Bingo.	6 Washed clothes. Went to work & went home & that's all really.	7 Went to garage sales. Went to work. Came home that's all.
8 Went to work & went home that's all.	9 Went to servell. Got car fixed. That's all.	10 Stayed home. Played Bingo & that's all really.	11 Stayed home. Went to work & that's all.	12 Went to the Dr. & ate. Went home & that's all really.	13 Stayed home. Went to work. Came home that's all.	14 We went & ate. Went & played Bingo all day. Came home & that's all. FLAG DAY really.
15 Stayed home & went to work & that's all. FATHER'S DAY	16 Went to the Dr. Took Bob. Went to work & that's all.	17 Went to servell. Went to the store. Stayed home.	18 Baby Went to work. Went home & that's all really.	19 Washed clothes. Cleaned up. Went & played B.rgo.	20 Stayed home. Went to work. Came home & that's all.	21 mowed Dad's yard. We played Bingo. Went home & that's all.
22 Stayed home. Went to work. Went home & that's all.	23 Stayed home. Went to work & that's all really. Love ya Jim	24 Washed clothes. Went to store. Stayed home & that's all.	25 Stayed home & went to work & that's all really. Death mark	26 DR. 12:45 Went to the Dr. Came home and that's all really.	27 Stayed home. Went to work. Came home & that's all.	28 Went to Bingo. Came home & that's all really. 40-100
29 Stayed home. Went to work. Went home & that's all.	30 Went to work. Came home & that's all really.	<p>NOTES: Jim I want you to know that I'm very proud of you. You have really made me happy. Thank you for everything. Love ya always Chelsea</p>				

1997

BIRTHSTONE: RUBY

JULY

FLOWER: LARKSPUR

1997

Worry is like a rocking chair; no matter how much you rock, you get nowhere.

money Sunday	money Monday	money Tuesday	money Wednesday	money Thursday	money Friday	money Saturday
1 NOTES: Mr. Howe 2nd 1990 Ray Cable & Elec Money 6 Stayed home. Went to work. Came home.	7 Went to the Dr. Came home. Went to work. Came home. No. No.	8 Stayed home. Went to the store. Stayed home. all day.	9 Stayed home. & that's all really.	10 Went to Dad's. Washed clothes. Came home. & that's all really.	11 Flew 7:45 Went to work. Went to Dad's lodge. Came home. & that's all.	12 Moved Dad's yard. Came home. Forgot w/ Jim. Stayed here. Went out.
13 Stayed home. Went to work. Came home. & that's all really.	14 Went to Dr. Came home. Met Chas. Played Bingo. Came home.	15 Cable 48 Went to Canton. Came home. & cleaned that's all.	16 Stayed home all day & slept. Went to store. & that's all.	17 Cleaned car out. Took papers to Dad's. Washed clothes. Stayed home.	18 Stayed home. Went to let. Went to Dad's. Came home. & that's all.	19 Cleaned hair. Mammal. Came down. Played Bingo. Came home.
20 Stayed home. We went to Service. Came home. & that's all.	21 Went to the Dr. Same. Came home. & that's all really.	22 Went & washed clothes. Cleaned up. & that's all really.	23 Stayed home and went to eat. Stayed home. & that's all really.	24 Same. Came down. Stayed home all day & that's all really.	25 Stayed home all day & night. & that's all really.	26 Stayed home. Cleaned house. & that's all really. Went to bed.
27 Stayed home. Cleaned up. Went to bed.	28 Dr. Went to Dr. Came home. Went to wash clothes.	29 Stayed home all day.	30 Stayed home. Went walking. Came home.	31 PAID Had AKSA At 12:58. Thank you. Jim. I love you.	NOTES: Long. Real. opinion.	Long. Real. opinion.

Y'all Both!

Dear God, I thank you for this day and the only thing I want on my mind is to be with you.

1997 BIRTHSTONE: SARDONYX OR PERidot **AUGUST** FLOWER: GLADIOLUS **1997**

Too much time is wasted by some people in telling how busy they are.

Matthew 10:1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>NOTES: -</p> <p>Cable Post Due July Bill 49.00</p> <p>Elec. 104.00</p>		<p>2.5 July paid me 50.00</p>		<p>Rent 100.00</p> <p>Very Happy</p>	<p>6/10 1 Day Came home from Hosp. stayed here.</p>	<p>2 Stayed home & cleaned up. That's all really</p>
<p>3 Stayed home. at Dad's & that's all really</p>	<p>4 Stayed home. all day & that's all really</p>	<p>5 Mammal left. Stayed home all day & that's all really</p>	<p>6 Stayed home. That's all really.</p>	<p>7 Stayed home</p>	<p>8 Stayed home</p>	<p>9 Stayed home</p>
<p>10 Mum Jim went to servell came home & that's all</p>	<p>11 Stayed home & that's all really</p>	<p>12 Stayed home all day & that's all</p>	<p>13 Washed clothes. Come home & that's all really.</p>	<p>14 Went to Wic Oil change store & that's all</p>	<p>15 On 9:15 AM 133.00 Bill. Went to Dr. came home & that's all really.</p>	<p>16 Stayed home all day. What a life.</p>
<p>17</p>	<p>18 Jim came home. Stayed here & that's all really</p>	<p>19 Stayed home. got Car fixed. Went to the Store.</p>	<p>20 Stayed home all day long & that's all really</p>	<p>21 Stayed home & that's all really. John to Dad</p>	<p>22 Paid Ch. 1.50. Washed clothes. ate at Dad's. Watched Kids & that's all. Brockway 250</p>	<p>23 Cleaned house. Mel ma came over.</p>
<p>24 Stayed home. Went to work. Come home & that's all</p>	<p>25 Stayed home</p>	<p>26 Stayed home</p>	<p>27 Stayed home</p>	<p>28 Went to work. Come home & that's all really.</p>	<p>29 Went & washed clothes. Stayed home. Brockway 250</p>	<p>30 Went to work. Come home & that's all really. Stayed home</p>

6666 1997 BIRTHSTONE: SAPPHIRE SEPTEMBER FLOWER: ASTER 1997/

The only real failure in life is the failure to try. Dr. Wilson 24-363-8524

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: Rm 100.00	1 Jim's Bc stayed home + that's all. LABOR DAY	2 Stayed home went to Canton come home + that's all	3 Stayed home all day + slept cleaned up went to bed.	4 Stayed home + that's all really	5 Went to work. came home stayed whole + that's all! Went to store	6 Went to work. came home washed clothes. they cooked went to bed.
7 Went to work came home + that's all really.	8 Went to work came. cleaned house	9 Went to work came home + that's all really	10 Went to work. came home + that's all. Went to bed.	11 Went to work. Paid 120. on car. come home + that's all!	12 Cable 50.00. Went to work. got car. wal-mart went home	13 Stayed home. cleaned up + that's all really.
14 Went to work. came home. cleaned up + that's all.	15 350.00. Paid Jim. Went to work. come home + that's all.	16 Went to work. Ronda 15. stayed home + that's all.	17 Went to work. came home + that's all really.	18 430.00. Went to work. came home + that's all	19 Lec. gas Bill. Paid Bills. Went to work. came home.	20 Stayed home all day + that's all really.
21 Went to work. come home + that's all really!	22 Went to work. got pictures taken. came home + that's all really.	23 Went to work. came home + that's all really.	24 Went to work. got car fixed. come home + that's all really.	25 230.00. Went to car. Stayed home and that's all really!	26 Went to the Dr. 4:30. went to work. came home + that's all really.	27 me + Jim played. Bungee. came home + that's all.
28 Went to work. came home + that's all really	29 Went to work. came home + that's all.	30 Went to work. came home + that's all really.	<p>100.00 NOTES: 3 Janne work - 361-4462</p> <p>TRUCK - page - 321 - 9806</p> <p>472.00</p> <p>50.00</p> <p>122.00</p> <p>112.00</p>			

NOTES: 1997 BIRTHSTONE: TOPAZ NOVEMBER FLOWER: CHRYSANTHEMUM 1997

He who ceases to learn cannot adequately teach.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: 100.00 Rent I Love You Alyssa Logan Murphy 3/11/07 100.10						
1 Went to work came home & that's all really!	2 Went to work came home & that's all really!	3 Went to work came home & that's all really!	4 Went to work came home & that's all really!	5 Went to work came home & that's all really!	6 Went to work came home & that's all really!	7 Stayed home with children & that's all really!
14 Stayed at at 3/11/07 all day	15 Stayed at at 3/11/07 all day MARTIN LUTHER KING DAY	16 Took Bob to Court. We all stayed at 3/11/07 Went & talk to Dad.	17 We all came out to 3/11/07 Stayed here all night.	18 Went to ms. grey's Stayed here all night.	19 We went to Chi's house Stayed here all night.	20 Stayed at 3/11/07 day & cleaned up. Started!
21 Stayed here all day. That's all really! Called Jim	22 We went to P & Edgemoor Came back & stayed here all day. Called Dad.	23 Went to pauw. Stay at the house all night.	24 Me & Jim went to cleaned Dad's house Went to mat-mat's Stayed home all night.	25 Took Jim to Court. Sold paper we rode back roads	26 Me & Chi went to crystal. Went home & stayed all night.	27 Chi & D.J. & Jim Came over we all got drunk.
28 Me & Jim went to church then to Dad's watched game & that's all.	29 Me & Jim went to Edgemoor & they Chi house Stayed home all night.	30 Went to NABI. All day. Went home & that's all.	31 Watched Bjork. Went to manpower. Paid bill Went to service w/ 8:00 chi.	Telephone bill \$ 321. 1-800-585-7928		

all. Bull shit manpower

NOTES:

1997

BIRTHSTONE: OPAL

OCTOBER

FLOWER: CALENDULA

1997

You don't get much done by starting tomorrow.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTE: 230 W4 2 RING 250. PRO. 350. Cable- 45.00 Elec. 169.00 gas. 20.00 Car 100.00						
1 NOTE: 5 Went to work. Came home & that's all really.	6 Went to work & came home & that's all really!	7 Went to work came home & that's all really.	8 Went to work came home & that's all really.	9 Went to work came home & that's all really.	10 Cable bill. Went to Surrell. came home & washed clothes.	11 Stayed home. Went to Seabell. Went to Bess & that's all. YOM KIPPUR
12 Went to work. Played Bingo & stayed home & that's all.	13 350.00 5:00 PM. Went to work. Bought clothes & came home. COLUMBUS DAY	14 Went to work came home & that's all really.	15 Went to work came home & that's all really.	16 Went to work came home & that's all really. SUKKOT	17 gas bill. Cable. Went to garage sales. cleaned up. stayed home. Car. 100.00	18 Stayed home. Cleaned up. mowed dad's yard. Stayed home & that's all.
19 Went to work. Car broke down. Came home & that's all really.	20 Look car to Surrell. Came home & that's all really.	21 Stayed home & that's all really!	22 Went to work came home & that's all really.	23 Went to work came home & that's all really.	24 RING 250. Went to Surrell. Washed clothes & stayed home & that's all really.	25 Went to work. Went to ac. Came home & that's all really!
26 Went to work came home & that's all really.	27 Went to work came home & stayed home & that's all.	28 Went to work came home & that's all really.	29 Went to work came home & that's all really.	30 Went to work came home & that's all really.	31 273.75. Went to Dr. W. Washed clothes. HALLOWEEN	NOTES: +300 212 x 150 RING 2000 100
BO JACK 10 B: 11420 T: na 3.50 clothes						

Rings 245.00

 1 RENT 100.00
 Went to work came home & that's all really.

2 got car fixed. Came home & that's all really.

3 Alyson. to the Dr. Cleaned house. Washed clothes. that's all.

 4 RENT 100.00
 Went to work. got tires. Went to Party & that's all.

ROSH HASHANAH

that's all.

that's all.

Cable bill.

Went to

Surrell.

came home

washed

clothes

that's all.

YOM KIPPUR

that's all.

gas bill

Cable

Went to

garage sales

cleaned up

stayed home

Car. 100.00

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State's Exhibit Number 150

Butcher Report

(Copy attached)

MMPI-2*

The Minnesota Report:*

Adult Clinical System--Revised

Interpretive Report

James N. Butcher, PhD

ID Number 456712610

Jedidiah Murphy

Male

Age 25

Divorced

13 Years of Education

Correctional Setting

2/28/2001

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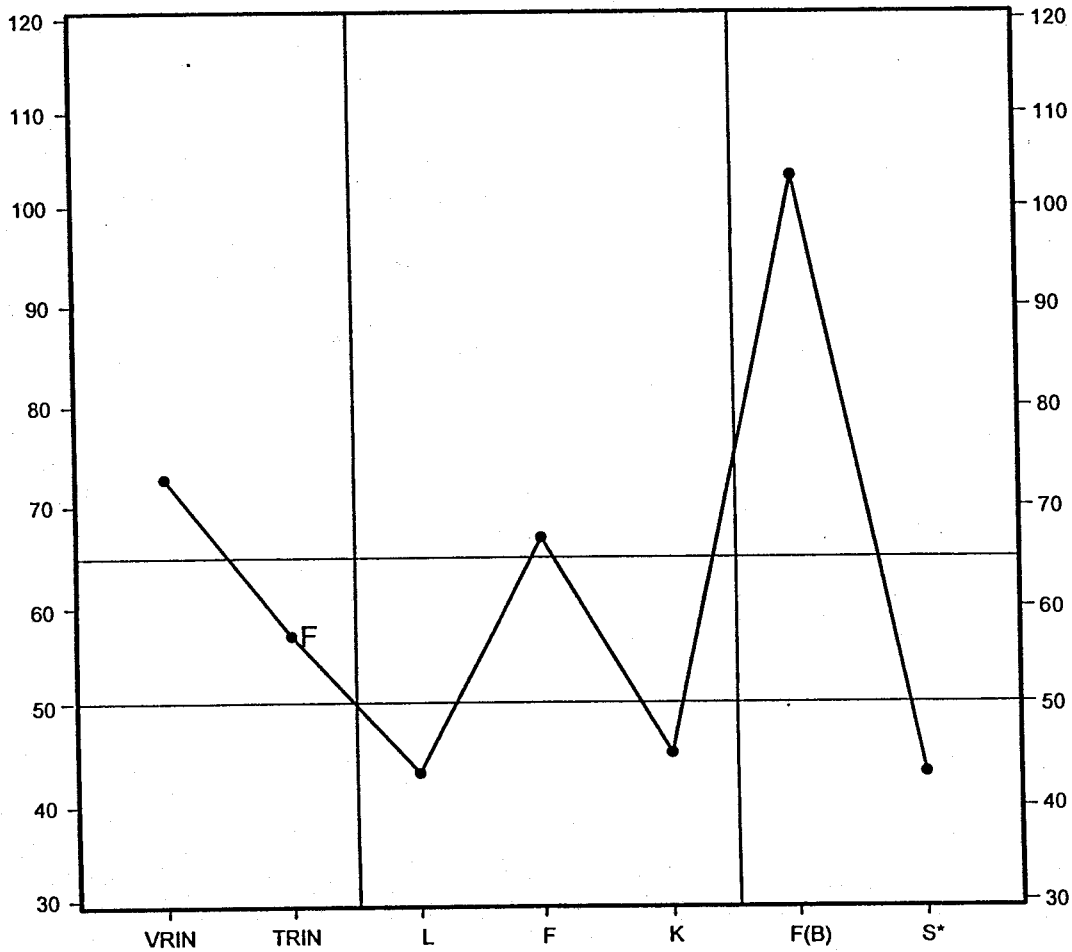
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MMPI-2™
ID 456712610Adult Clinical Interpretive Report*
Page 2

MMPI-2 VALIDITY PATTERN



Raw Score:	11	8	2	10	13	15	19
T Score:	73	57	43	67	45	104	43
Response %:	100	100	100	100	100	100	100

Cannot Say (Raw): 0

Percent True: 50

Percent False: 50

F(p) (Raw)*: 2

F(p) (T-score)*: 56

*Experimental

PROFILE VALIDITY

His MMPI-2 clinical profile is probably valid. The client's responses to the MMPI-2 validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is an adequate indication of his present personality functioning.

This client's responses to the items that appear near the end of the MMPI-2 were exaggerated in comparison to his responses to items that appear in the beginning of the test. There is a possibility that he responded to the last section of items either carelessly, randomly, or deceitfully, thereby invalidating that portion of the test. Although the standard clinical and validity scales are scored from items in the first two-thirds of the test, caution should be used in interpreting the MMPI-2 Content Scales and supplementary scales, which include items found throughout the entire item pool.

SYMPTOMATIC PATTERNS

This report was developed using the Hy and Pd scales as the prototype. His profile reflects a somewhat mixed pattern of symptoms. The inmate's MMPI-2 clinical profile suggests that he has many psychological problems at this time. He appears to be immature, aggressive, moody, and rebellious, and he has serious problems controlling his impulses and temper. He may be assaultive, and his acting-out behavior has probably caused him serious interpersonal problems. He may attempt to deny problems and blame others. He has a low tolerance for frustration, and he loses control easily.

PROFILE FREQUENCY

It is usually valuable in MMPI-2 clinical profile interpretation to consider the relative frequency of a given profile pattern in various settings. The client's MMPI-2 high-point clinical scale score (Hy) is found in 12.1% of the MMPI-2 normative sample of men. However, only 3.8% of the normative men have Hy as the peak score at or above a T score of 65, and only 2.3% have well-defined Hy spikes. This elevated MMPI-2 profile (3-4/4-3) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

The relative frequency of his profile in various correctional settings is informative. Megargee (1993) reported that this MMPI-2 high-point clinical scale score (Hy) occurred in 5.7% of men in a state prison and 11.3% of men in a federal prison. However, only 3.3% of the state prisoners and 7.5% of the federal prisoners had the Hy scale spike at or over a T score of 65.

PROFILE STABILITY

The relative scale elevation of his highest clinical scale scores suggests some lack of clarity in profile definition. Although his most elevated clinical scales are likely to be present in his profile pattern if he is

retested at a later date, there could be some shifting of the most prominent scale elevations in the profile code. The difference between the profile type used to develop the present report and the next highest scale in the profile code was 3 points. So, for example, if the client is tested at a later date, his profile might involve more behavioral elements related to elevations on Sc. If so, then on retesting, emotional alienation, unusual thinking, bizarre perceptions of others, and a stronger tendency to engage in extreme fantasy might become more prominent.

INTERPERSONAL RELATIONS

Although his relationships tend to be quite superficial, he appears to make acquaintances easily. He lacks genuine interpersonal warmth and manipulates people for his own gains, possibly through intimidation. His acting-out behavior is likely to put great strain on his relationships. When he feels frustrated, he may be physically abusive or threatening toward women he is close to.

DIAGNOSTIC CONSIDERATIONS

Individuals with this profile are likely to receive a diagnosis of Personality Disorder.

He appears to have a number of personality characteristics that have been associated with substance abuse or substance use problems. His scores on the addiction proneness indicators suggest that there is a possibility of his developing an addictive disorder. Further evaluation for the likelihood of a substance use or abuse disorder is indicated. In his responses to the MMPI-2, he has acknowledged some problems with excessive use or abuse of addictive substances.

The Megargee system for classifying criminal offenders (Megargee, 1993) has often been found to be a useful typology for individuals facing incarceration. There is considerable research support for the view that the Megargee types are found in both men and women across a wide range of correctional facilities. The Megargee system allows for the classification of about two-thirds of the offender population. However, successful classification rates and the retest stability of an inmate's type have been found to vary across settings and for men and women.

This client's profile matches that of the Megargee Type H offender, one of the most seriously disturbed inmate types. Individuals in this group tend to have a broad range of psychological disturbances and a long history of maladjustment and poor achievement. Research supports the view that these inmates are more likely than other inmates to be psychotic. Adjustment to prison appears to be difficult for them. These individuals tend to have more disturbed interpersonal relationships than other inmates. They tend to be quite aggressive and may be viewed by other inmates as "crazies." They show more anxiety, unusual thinking, and irritability than other inmates. Many of these individuals were hard drug users prior to incarceration.

Many individuals with this profile receive pharmacotherapy and further treatment in a mental health facility. This client should be given an extensive psychological evaluation to determine the most

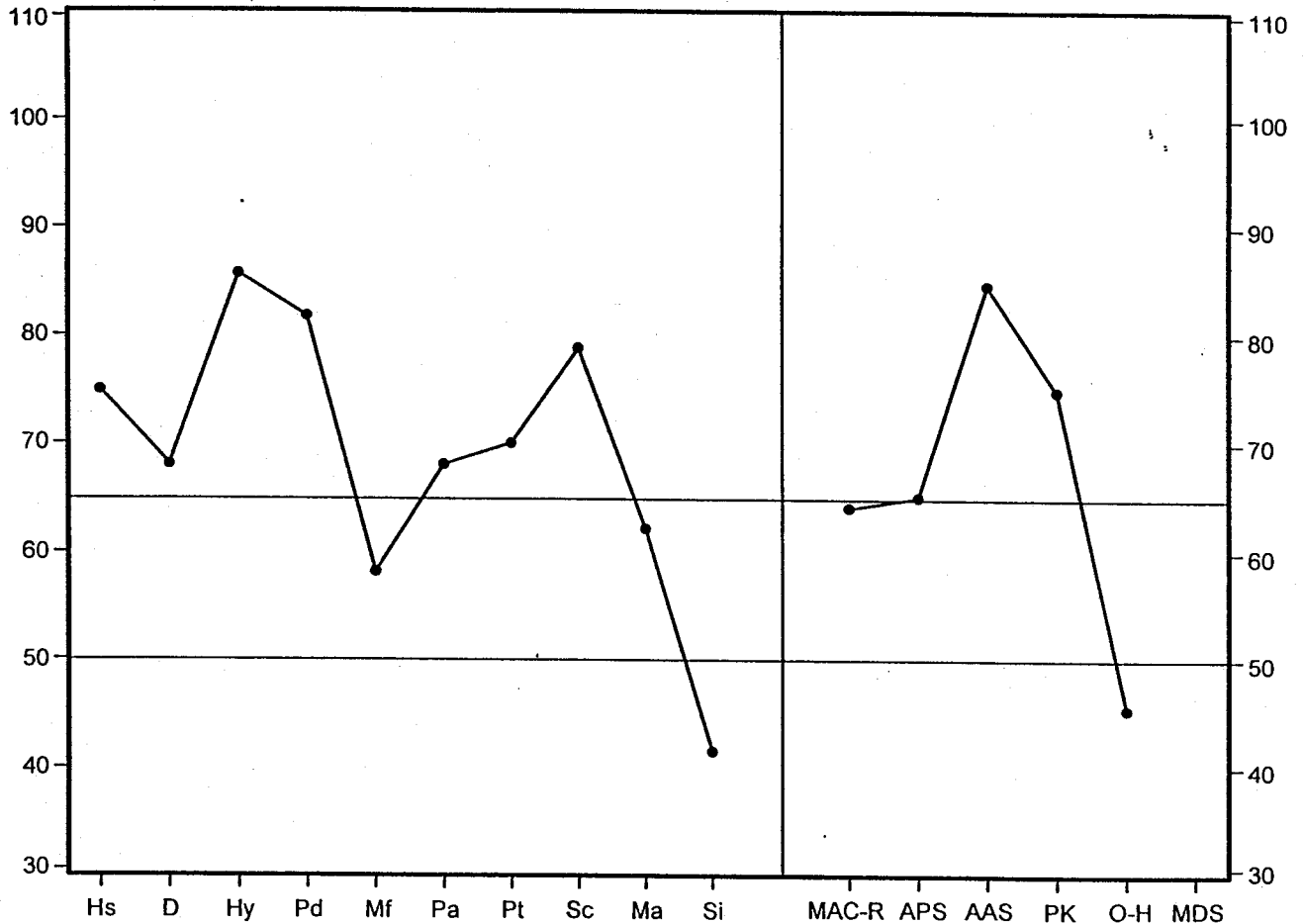
effective treatment program for him. Many Type H inmates need to be placed in psychiatric units in prisons.

TREATMENT CONSIDERATIONS

Although psychological problems are evident, inmates with this MMPI-2 clinical profile are poor candidates for psychotherapy. They are not very introspective and do not seek psychological treatment on their own. When they are forced into treatment, they may be marginally cooperative but their problems are ingrained and persistent. They tend to use denial a great deal and have little psychological insight. They are quite self-serving, selfish, and immature; they usually do not see a need for psychological therapy. Individuals with this profile pattern are not very amenable to changing their behavior. They have anger-control problems that are likely to interfere with treatment. Early termination of therapy is likely, possibly in anger. The manipulative behavior that patients with this profile exhibit is likely to interfere with the development of trust in relationships, making the treatment relationship stormy. Individuals with this profile may develop substance-abuse problems if treated with medication.

NOTE: This MMPI-2 interpretation can serve as a useful source of hypotheses about clients. This report is based on objectively derived scale indices and scale interpretations that have been developed in diverse groups of patients. The personality descriptions, inferences, and recommendations contained herein need to be verified by other sources of clinical information because individual clients may not fully match the prototype. The information in this report should most appropriately be used by a trained, qualified test interpreter. The information contained in this report should be considered confidential.

MMPI-2 BASIC AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	16	27	36	31	30	15	23	30	22	17		27	29	10	23	11	*
K Correction:	7			5				13	13	3							
T Score:	75	68	86	82	58	68	70	79	62	41		64	65	85	75	45	*
Response %:	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	*

Welsh Code (new): 34"817'26+9-5/0: F+/-KL:

Megargee Classification (Rev.)How, High

Welsh Code (old): 48*312"7569'-/0: F-K/L?:

Profile Elevation: 73.80

*MDS scores are reported only for clients who indicate that they are married or separated.

Life Event	Days Off Work
ANX	82
FRS	70
OBS	63
DEP	77
HEA	80
BIZ	84
ANG	74
CYN	48
ASP	51
TPA	53
LSE	62
SOD	35
FAM	55
WRK	67
TRT	81

[illegible]

SUPPLEMENTARY SCORE REPORT

	Raw Score	T Score	Resp %
Anxiety (A)	22	67	100
Repression (R)	13	45	100
Ego Strength (Es)	31	36	100
Dominance (Do)	12	34	100
Social Responsibility (Re)	19	47	100
Post-Traumatic Stress Disorder - Schlenger (PS)	34	79	100
Depression Subscales (Harris-Lingoes)			
Subjective Depression (D1)	12	64	100
Psychomotor Retardation (D2)	8	65	100
Physical Malfunctioning (D3)	5	67	100
Mental Dullness (D4)	7	72	100
Brooding (D5)	3	57	100
Hysteria Subscales (Harris-Lingoes)			
Denial of Social Anxiety (Hy1)	6	61	100
Need for Affection (Hy2)	8	55	100
Lassitude-Malaise (Hy3)	7	70	100
Somatic Complaints (Hy4)	9	82	100
Inhibition of Aggression (Hy5)	4	55	100
Psychopathic Deviate Subscales (Harris-Lingoes)			
Familial Discord (Pd1)	4	65	100
Authority Problems (Pd2)	5	60	100
Social Imperturbability (Pd3)	6	63	100
Social Alienation (Pd4)	7	66	100
Self-Alienation (Pd5)	9	77	100
Paranoia Subscales (Harris-Lingoes)			
Persecutory Ideas (Pa1)	5	70	100
Poignancy (Pa2)	5	69	100
Naivete (Pa3)	5	51	100
Schizophrenia Subscales (Harris-Lingoes)			
Social Alienation (Sc1)	5	59	100
Emotional Alienation (Sc2)	3	69	100
Lack of Ego Mastery, Cognitive (Sc3)	9	96	100
Lack of Ego Mastery, Conative (Sc4)	6	71	100
Lack of Ego Mastery, Defective Inhibition (Sc5)	6	82	100
Bizarre Sensory Experiences (Sc6)	11	95	100

Hypomania Subscales (Harris-Lingoes)

Amorality (Ma1)	2	50	100
Psychomotor Acceleration (Ma2)	7	58	100
Imperturbability (Ma3)	4	53	100
Ego Inflation (Ma4)	4	56	100

Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)

Shyness / Self-Consciousness (Si1)	0	36	100
Social Avoidance (Si2)	0	37	100
Alienation--Self and Others (Si3)	4	47	100

Uniform T scores are used for Hs, D, Hy, Pd, Pa, Pt, Sc, Ma, and the Content Scales; all other MMPI-2 scales use linear T scores.

EXPERIMENTAL CONTENT COMPONENT SCALES (Ben-Porath & Sherwood)

	Raw Score	T Score	Resp %
Fears Subscales			
Generalized Fearfulness (FRS1)	4	80	100
Multiple Fears (FRS2)	6	61	100
Depression Subscales			
Lack of Drive (DEP1)	8	84	100
Dysphoria (DEP2)	1	51	100
Self-Depreciation (DEP3)	5	76	100
Suicidal Ideation (DEP4)	3	95	100
Health Concerns Subscales			
Gastrointestinal Symptoms (HEA1)	3	83	100
Neurological Symptoms (HEA2)	7	87	100
General Health Concerns (HEA3)	3	64	100
Bizarre Mentation Subscales			
Psychotic Symptomatology (BIZ1)	3	79	100
Schizotypal Characteristics (BIZ2)	6	80	100
Anger Subscales			
Explosive Behavior (ANG1)	6	77	100
Irritability (ANG2)	5	61	100
Cynicism Subscales			
Misanthropic Beliefs (CYN1)	7	52	100
Interpersonal Suspiciousness (CYN2)	2	43	100
Antisocial Practices Subscales			
Antisocial Attitudes (ASP1)	7	52	100
Antisocial Behavior (ASP2)	2	52	100
Type A Subscales			
Impatience (TPA1)	2	45	100
Competitive Drive (TPA2)	4	50	100
Low Self-Esteem Subscales			
Self-Doubt (LSE1)	5	64	100
Submissiveness (LSE2)	2	55	100

Social Discomfort Subscales

Introversion (SOD1)	1	39	100
Shyness (SOD2)	0	36	100

Family Problems Subscales

Family Discord (FAM1)	2	45	100
Familial Alienation (FAM2)	1	49	100

Negative Treatment Indicators Subscales

Low Motivation (TRT1)	4	66	100
Inability to Disclose (TRT2)	5	75	100

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State's Exhibit Number 151

Millon Report

(Copy attached)

MCMI-III™

Interpretive Report

Theodore Millon, PhD

ID Number 456712610

Jedidiah Murphy

Male

Age 25

White

Divorced

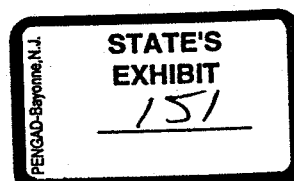
Correctional Inmate

3/01/2001

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CAPSULE SUMMARY

MCMI-III reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-III for nonclinical purposes may have distorted reports. The MCMI-III report cannot be considered definitive. It should be evaluated in conjunction with additional clinical data. The report should be evaluated by a mental health clinician trained in the use of psychological tests. The report should not be shown to inmates or their relatives.

Interpretive Considerations

The client is a 25-year-old divorced white male with 13 years of education. He is currently being seen as a correctional inmate, and he reports that he has recently experienced a problem that involves his use of alcohol. These self-reported difficulties, which have occurred for an unspecified period of time, are likely to take the form of an Axis I disorder.

The clinician should be aware that the inmate may have reported more psychological symptoms than objectively exist. Adjustments correcting for this tendency were probably successful in retaining the instrument's validity.

Profile Severity

On the basis of the test data, it may be assumed that the inmate is experiencing a severe mental disorder; further professional observation and inpatient care may be appropriate. The text of the following interpretive report may need to be modulated upward given this probable level of severity.

Possible Diagnoses

He appears to fit the following Axis II classifications best: Depressive Personality Disorder, with Antisocial Personality Traits, Dependent Personality Traits, and Borderline Personality Features. Axis I clinical syndromes are suggested by the client's MCMI-III profile in the areas of Major Depression (recurrent, severe, without psychotic features), Alcohol Abuse, and Adjustment Disorder with Anxiety.

Therapeutic Considerations

Irritable, depressed, and moody, this inmate lacks outlets for his intense emotions, leading to a high susceptibility to Axis I disorders. He is likely to experience both anxiety and depression. He has complaints about present and past difficulties. He may find it hard to trust a therapist. With a time-limited and focused approach to treatment, it should be possible to overcome his underlying resistance and suspicions.

RESPONSE TENDENCIES

This inmate's response style suggests a moderate tendency toward self-deprecation and a consequent exaggeration of current emotional problems. In interpreting the profile, the clinician should be aware that the inmate may have reported more psychological symptoms than objectively exist. Adjustments correcting for this tendency were probably successful in retaining the instrument's validity.

The BR scores reported for this individual have been modified to account for the psychic tension and dejection indicated by the elevations on Scale A (Anxiety) and Scale D (Dysthymia).

AXIS II: PERSONALITY PATTERNS

The following paragraphs refer to those enduring and pervasive personality traits that underlie this man's emotional, cognitive, and interpersonal difficulties. Rather than focus on the largely transitory symptoms that make up Axis I clinical syndromes, this section concentrates on his more habitual and maladaptive methods of relating, behaving, thinking, and feeling.

The MCMI-III profile of this man reflects an intense conflict between his desire to withdraw from personal relationships and his fear of abandonment. He wants the support of others, but he has learned to anticipate derogation and disillusionment. His deflated sense of self-worth and his expectations of failure and humiliation may constrain his emotions because others have apparently deprecated or disapproved of his attempts at self-assertion, he feels that he has been cheated and misunderstood in life. Restrictions of any type may stir deep sadness and resentment within him. As a consequence, he may often act in a petulant and passively aggressive manner, occasionally attacking others for their lack of support. The attention and respect that he seeks may be seriously jeopardized by his displays of discontent and irresponsibility. To bind his anger and depressive feelings and to protect himself against further loss of support, he may withdraw into fantasy solutions or become disconsolate, moody, and anxiously depressed.

The outbursts and depressive moodiness of this man may evoke humiliating reactions from others, and such reactions may reinforce his tendency to self-protective withdrawal. Every avenue of potential gratification to him, save his dreamworld, may cause conflict. He may fear standing on his own because of marked self-doubts. On the other hand, he cannot depend on others because of a deep social mistrust. Disposed to anticipate disillusionment, he may act out impulsively and obstructively and thereby incur the expected rejection and disappointment.

His feeling that punishment should not have the effect of preventing him from acting as he wishes results in a seesaw tension with others. Moreover, his depressive tone and anxious wariness may also be omnipresent. Unable to acquire the skills or the means for overcoming his deficits or for attracting the support of others, and finding that his fantasies provide only a brief respite from reality, he may turn against himself, expressing feelings of unworthiness and uselessness. Feeling misunderstood, unappreciated, and demeaned by others, he may begin to build his defenses against anticipated ridicule and contempt.

This man appears to see himself as having had few of the opportunities that he perceives that others have had. This awareness may intrude on his thoughts and interfere with his behavior, creating anger and resentment and ultimately upsetting his capacity to cope in a satisfactory way with many of his life tasks. When stresses are minimal, he may withdraw into his dreamworld, putting his resentments aside and attempting to convey an air of well-being. But these efforts give way under the slightest pressure, reactivating his angry dismay, stirring up his dejection and his feelings of being misunderstood and mistreated, leading him to act out momentarily and then to retreat again into his fantasies or his despondency.

AXIS I: CLINICAL SYNDROMES

The features and dynamics of the following Axis I clinical syndromes appear worthy of description and analysis. They may arise in response to external precipitants but are likely to reflect and accentuate several of the more enduring and pervasive aspects of this man's basic personality makeup.

For this irritable and conflicted man to exhibit a dysthymic pattern is atypical, but signs indicate that he is undergoing an acute major depression that is probably characterized by agitation and erratic qualities. Shifts are probably evident between expressions of self-deprecation and despair that are mixed with thoughts of suicide and the expressions of hopelessness and futility that may be accompanied by outbursts of bitter discontent and irrational demands. Circumstances may have imposed constraints beyond his manipulative abilities. He also may feel trapped and powerless to control raging inner tensions. Periods of loathing for self-perceived deficits and weaknesses may be interspersed with momentary acts of defiance, if not brutality. Fearful that he may jeopardize his problematic situation further, he may act contrite and self-accusatory following explosive acts. Nevertheless, his typical grumbling and periodic provocations provide a vehicle for discharging tension, for reasserting self-confidence--albeit briefly--and for relieving the buildup of resentment and anger.

That this man experiences repeated episodes of alcohol abuse may be reliably assumed. These bouts may be prompted in part by the frustration and disappointment in his life. He is characteristically unpredictable, moody, and impulsive, and these behaviors may be intensified when he is drinking heavily. At these times, his brooding resentment breaks out of control, often resulting in stormy and destructive consequences. He may subsequently express genuine feelings of guilt and contrition, but the destructive and injurious effects of his behavior are likely to persist. Deep resentment that is restrained in his sober state may be unleashed in full force when he is drinking and manifests itself in irrational accusations and physical intimidation, if not brutality, toward family members. He may evince a self-destructive facet to his extropunitive hostility, and this serves to undermine both himself and others.

Unable to control deep or powerful sources of threat, this characteristically angry, conflicted, and irritable man is now experiencing the clinical signs of an anxiety disorder. Various symptoms may be evident: notably, muscular tightness, headache, fatigue, perspiration, and chest palpitations, as well as such behavioral indices as edginess and distractibility. These experiences probably derive from his feeling of being trapped by the upwelling of uncontrollable inner conflicts or by the feeling of being exposed to events or forces that he cannot counteract. His restlessness and jumpiness derive energy from the press of these unchecked sources of danger.

Related to but beyond his characteristic level of emotional responsivity, this man appears to have been confronted with an event or events in which he was exposed to a severe threat to his life, a traumatic experience that precipitated intense fear or horror on his part. Currently the residuals of this event appear to be persistently reexperienced with recurrent and distressing recollections, such as in cues that resemble or symbolize an aspect of the traumatic event. Where possible he seeks to avoid such cues and recollections. Where they cannot be anticipated and actively avoided, as in dreams or nightmares, he may become terrified, exhibiting a number of symptoms of intense anxiety. Other signs of distress might include difficulty falling asleep, outbursts of anger, panic attacks, hypervigilance, exaggerated startle response, or a subjective sense of numbing and detachment.

For some time, this man has probably been engaged in abusing drugs, legal or street substances, or both. Irritable, negative, and hostile, he may employ drugs not only to help him unwind his tensions and undo his conflicts but also to serve as a statement of resentful independence from the constraints of social convention and expectation. In addition to freeing him from feelings of ambivalence toward himself and others, drugs liberate him from whatever remnants of guilt he may experience over discharging his less charitable impulses and fantasies. Such defiant and hostile acts are undergirded in part by self-destructive elements. For example, these are evident in the careless disregard he may express about the consequences that drugs can create.

This driven and forceful man appears to experience brief periods suggestive of a manic episode. At these times, he is likely to demonstrate a decreased need for sleep, be behaviorally restless, show pressured speech, and demonstrate a general expansiveness and hyperdistractibility. Consonant with his habitual pattern, he may be easily provoked into temper outbursts and angry and disruptive actions.

NOTEWORTHY RESPONSES

The client answered the following statements in the direction noted in parentheses. These items suggest specific problem areas that the clinician may wish to investigate.

Health Preoccupation

1. Lately, my strength seems to be draining out of me, even in the morning. (True)
4. I feel weak and tired much of the time. (True)
37. I very often lose my ability to feel any sensations in parts of my body. (True)
55. In recent weeks I feel worn out for no special reason. (True)
74. I can't seem to sleep, and wake up just as tired as when I went to bed. (True)
107. I have completely lost my appetite and have trouble sleeping most nights. (True)
149. I feel shaky and have difficulty falling asleep because painful memories of a past event keep running through my mind. (True)

Interpersonal Alienation

99. In social groups I am almost always very self-conscious and tense. (True)
167. I take great care to keep my life a private matter so no one can take advantage of me. (True)

Emotional Dyscontrol

- 14. Sometimes I can be pretty rough and mean in my relations with my family. (True)
- 34. Lately, I have gone all to pieces. (True)
- 77. I have a great deal of trouble trying to control an impulse to drink to excess. (True)
- 96. People have said in the past that I became too interested and too excited about too many things. (True)
- 124. When I'm alone and away from home, I often begin to feel tense and panicky. (True)
- 134. I sometimes feel crazy-like or unreal when things start to go badly in my life. (True)

Self-destructive Potential

- 24. I began to feel like a failure some years ago. (True)
- 44. I feel terribly depressed and sad much of the time now. (True)
- 142. I frequently feel there's nothing inside me, like I'm empty and hollow. (True)
- 151. I've never been able to shake the feeling that I'm worthless to others. (True)
- 154. I have tried to commit suicide. (True)

Childhood Abuse

- 81. I'm ashamed of some of the abuses I suffered when I was young. (True)
- 132. I hate to think about some of the ways I was abused as a child. (True)

Eating Disorder

No items endorsed.

POSSIBLE DSM-IV™ MULTIAXIAL DIAGNOSES

The following diagnostic assignments should be considered judgments of personality and clinical prototypes that correspond conceptually to formal diagnostic categories. The diagnostic criteria and items used in the MCMI-III differ somewhat from those in the *DSM-IV*, but there are sufficient parallels in the MCMI-III items to recommend consideration of the following assignments. It should be noted that several *DSM-IV* Axis I syndromes are not assessed in the MCMI-III. Definitive diagnoses must draw on biographical, observational, and interview data in addition to self-report inventories such as the MCMI-III.

Axis I: Clinical Syndrome

The major complaints and behaviors of the inmate parallel the following Axis I diagnoses, listed in order of their clinical significance and salience.

- 296.33 Major Depression (recurrent, severe, without psychotic features)
- 305.00 Alcohol Abuse
- 309.24 Adjustment Disorder with Anxiety

Axis II: Personality Disorders

Deeply ingrained and pervasive patterns of maladaptive functioning underlie Axis I clinical syndromal pictures. The following personality prototypes correspond to the most probable *DSM-IV* diagnoses (Disorders, Traits, Features) that characterize this inmate.

Personality configuration composed of the following:

301.90 Depressive Personality Disorder
with Antisocial Personality Traits
Dependent Personality Traits
and Borderline Personality Features

Course: The major personality features described previously reflect long-term or chronic traits that are likely to have persisted for several years prior to the present assessment. The clinical syndromes described previously tend to be relatively transient, waxing and waning in their prominence and intensity depending on the presence of environmental stress.

Axis IV: Psychosocial and Environmental Problems

In completing the MCMI-III, this individual identified the following problems that may be complicating or exacerbating his present emotional state. They are listed in order of importance as indicated by the client. This information should be viewed as a guide for further investigation by the clinician.

Use of Alcohol

TREATMENT GUIDE

If additional clinical data are supportive of the MCMI-III's hypotheses, it is likely that this inmate's difficulties can be managed with either brief or extended therapeutic methods. The following guide to treatment planning is oriented toward issues and techniques of a short-term character, focusing on matters that might call for immediate attention, followed by time-limited procedures designed to reduce the likelihood of repeated relapses.

As a first step, it would appear advisable to implement methods to ameliorate this inmate's current state of clinical anxiety, depressive hopelessness, or pathological personality functioning by the rapid implementation of supportive psychotherapeutic measures. With appropriate consultation, targeted psychopharmacologic medications may also be useful at this initial stage.

Worthy of note is the possibility of a troublesome alcohol and/or substance-abuse disorder. If verified, appropriate short-term behavioral management or group therapy programs should be rapidly implemented.

Once this inmate's more pressing or acute difficulties are adequately stabilized, attention should be directed toward goals that would aid in preventing a recurrence of problems, focusing on circumscribed issues and employing delimited methods such as those discussed in the following paragraphs.

Short-term techniques may be helpful in aiding this man in therapy. First, he should be guided to avoid environmental pressures that aggravate his anxieties and dejection. Brief supportive therapy may be employed to relieve sources of anxiety. Similarly, pharmacological agents (like anti-anxiety or anti-depressant drugs) may be considered. Circumscribed behavioral modification methods may be explored to focus on social behavior that can be strengthened in a relatively short time period. Cognitive techniques, such as those of Beck or Ellis, may be used to confront him with the obstructive and self-defeating character of his beliefs and expectations. Strengthening his relations with significant others may benefit by employing any number of interpersonal treatment techniques (e.g., Klerman, Benjamin). Such approaches must be handled cautiously, however, lest the inmate feel that he is a failure, become unduly guilt-ridden, depressed, and even suicidal. Of great benefit would be to stabilize him and help him put reins on his vacillations of mood and behavior. In this way, the possibility of setbacks or deterioration in his condition may be diminished.

Toward the goal of reducing the likelihood of a relapse or retrogression, the therapist should not set goals too high or press changes too quickly. Initial efforts should be directed to build the inmate's trust. Short-term procedures designed to orient his attentions to his positive traits and to enhance his confidence and self-esteem will be well worth the effort involved.

A major goal throughout is to forestall repetitive decompensation into anxiety and depressive disorders. Also requiring focused attention is the need to anticipate suicide attempts. The inmate could act impulsively when he feels guilty, needs attention, or seeks a dramatic form of retribution. The therapist should guide the inmate into recognizing the sources and character of his ambivalence and to reinforce a more realistic and optimistic outlook on life. Because he may enter treatment in an agitated state, the reduction of his anxieties and guilt should be an early goal of short-term treatment.

Because of an intense ambivalence between his desire for reassurance and nurturance and his fear of trusting an unknown person, this man will require an early warm and attentive attitude on the part of the therapist. If he can be engaged early on, he may not be disposed to employ repetitive maneuvers to test the sincerity and motives of the therapist. Efforts should be made to reduce the stressors of his home life. Working with family members may be necessary, and if they are not optimally motivated, treatment may call for more intensive techniques to reduce the possibility of setbacks. Because of the preceding reasons, treatment may have to progress more rapidly to ensure that a significant measure of remedial improvement can occur. There is also the possibility of the inmate's withdrawal from treatment should he resist facing the humiliation of confronting painful memories and feelings. With a nurturant and empathic attitude, the therapist may be able to overcome the inmate's fear of reexperiencing false hopes and disappointments. What is suggested is that the warmth and understanding of the therapist will moderate the inmate's expectation that others will be rejecting, leading him to pull back, thereby cutting off experiences that might have proved gratifying had they been completed. What is desired is to decrease his anticipation of loss that may prompt him into a self-fulfilling prophecy. Without focused attention, he may defeat the chance to experience events that could promote change and growth. It is this pattern that a cognitive reorientation treatment approach may successfully interrupt.

End of Report

MILLON CLINICAL MULTIAXIAL INVENTORY - III
CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

ID NUMBER:

Valid Profile

PERSONALITY CODE: 2B 6A ** 3 * 8B 4 6B + 5 8A 1 2A 7 " - ' // - ** - * //

SYNDROME CODE: B A ** R I D N * // - ** CC * //

DEMOGRAPHIC: 456712610/CI/M/25/W/D/13/AL/OT/-----/-/-/-----/

CATEGORY		SCORE		PROFILE OF BR SCORES				DIAGNOSTIC SCALES
		RAW	BR	0	60	75	85	115
MODIFYING INDICES	X	117	71					DISCLOSURE
	Y	13	59					DESIRABILITY
	Z	20	77					DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	4	48					SCHIZOID
	2A	4	46					AVOIDANT
	2B	16	98					DEPRESSIVE
	3	12	82					DEPENDENT
	4	21	66					HISTRIONIC
	5	15	59					NARCISSISTIC
	6A	16	85					ANTISOCIAL
	6B	11	64					SADISTIC
	7	11	41					COMPULSIVE
	8A	7	52					NEGATIVISTIC
	8B	5	71					MASOCHISTIC
SEVERE PERSONALITY PATHOLOGY	S	10	70					SCHIZOTYPAL
	C	13	74					BORDERLINE
	P	4	48					PARANOID
CLINICAL SYNDROMES	A	11	92					ANXIETY DISORDER
	H	11	74					SOMATOFORM DISORDER
	N	13	77					BIPOLAR: MANIC DISORDER
	D	12	81					DYSTHYMIC DISORDER
	B	19	108					ALCOHOL DEPENDENCE
	T	15	82					DRUG DEPENDENCE
	R	17	83					POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	13	72					THOUGHT DISORDER
	CC	14	75					MAJOR DEPRESSION
	PP	3	63					DELUSIONAL DISORDER

CRITICAL ITEMS

The following critical items have been found to have possible significance in analyzing a client's problem situation. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because they may have been checked inadvertently.

The percentages of endorsement for each critical item are presented in brackets following the listing of the item. The percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction is given.

Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 10 were endorsed in the scored direction:

- 3. I wake up fresh and rested most mornings. (False)
[N = 31.5]
- 15. I work under a great deal of tension. (True)
[N = 37.0]
- 28. I am bothered by an upset stomach several times a week. (True)
[N = 8.1]
- 59. I am troubled by discomfort in the pit of my stomach every few days or oftener. (True)
[N = 6.7]
- 140. Most nights I go to sleep without thoughts or ideas bothering me. (False)
[N = 22.6]
- 172. I frequently notice my hand shakes when I try to do something. (True)
[N = 9.2]
- 218. I have periods of such great restlessness that I cannot sit long in a chair. (True)
[N = 30.1]
- 444. I am a high-strung person. (True)
[N = 21.9]
- 463. Several times a week I feel as if something dreadful is about to happen. (True)
[N = 4.4]
- 469. I sometimes feel that I am about to go to pieces. (True)
[N = 14.8]

Depressed Suicidal Ideation (Koss-Butcher Critical Items)

Of the 22 possible items in this section, 12 were endorsed in the scored direction:

- 9. My daily life is full of things that keep me interested. (False)
[N = 14.4]
- 38. I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going." (True)

[N = 25.0]

71. These days I find it hard not to give up hope of amounting to something. (True)

[N = 30.7]

130. I certainly feel useless at times. (True)

[N = 34.3]

273. Life is a strain for me much of the time. (True)

[N = 16.0]

306. No one cares much what happens to you. (True)

[N = 13.0]

388. I very seldom have spells of the blues. (False)

[N = 25.0]

411. At times I think I am no good at all. (True)

[N = 19.5]

454. The future seems hopeless to me. (True)

[N = 4.8]

485. I often feel that I'm not as good as other people. (True)

[N = 17.2]

506. I have recently considered killing myself. (True)

[N = 4.2]

518. I have made lots of bad mistakes in my life. (True)

[N = 27.3]

Threatened Assault (Koss-Butcher Critical Items)

Of the 5 possible items in this section, 2 were endorsed in the scored direction:

37. At times I feel like smashing things. (True)

[N = 39.4]

389. I am often said to be hotheaded. (True)

[N = 16.9]

Situational Stress Due to Alcoholism (Koss-Butcher Critical Items)

Of the 7 possible items in this section, 6 were endorsed in the scored direction:

125. I believe that my home life is as pleasant as that of most people I know. (False)

[N = 10.8]

264. I have used alcohol excessively. (True)

[N = 44.5]

487. I have enjoyed using marijuana. (True)

[N = 34.2]

489. I have a drug or alcohol problem. (True)

[N = 6.7]

511. Once a week or more I get high or drunk. (True)

[N = 19.6]

518. I have made lots of bad mistakes in my life. (True)
[N = 27.3]

Mental Confusion (Koss-Butcher Critical Items)

Of the 11 possible items in this section, 8 were endorsed in the scored direction:

- 31. I find it hard to keep my mind on a task or job. (True)
[N = 13.3]
- 32. I have had very peculiar and strange experiences. (True)
[N = 23.8]
- 180. There is something wrong with my mind. (True)
[N = 4.6]
- 198. I often hear voices without knowing where they come from. (True)
[N = 1.7]
- 299. I cannot keep my mind on one thing. (True)
[N = 14.9]
- 311. I often feel as if things are not real. (True)
[N = 8.3]
- 316. I have strange and peculiar thoughts. (True)
[N = 14.9]
- 325. I have more trouble concentrating than others seem to have. (True)
[N = 18.9]

Persecutory Ideas (Koss-Butcher Critical Items)

Of the 16 possible items in this section, 3 were endorsed in the scored direction:

- 251. I have often felt that strangers were looking at me critically. (True)
[N = 23.8]
- 259. I am sure I am being talked about. (True)
[N = 18.4]
- 314. I have no enemies who really wish to harm me. (False)
[N = 11.6]

Antisocial Attitude (Lachar-Wrobel Critical Items)

Of the 9 possible items in this section, 3 were endorsed in the scored direction:

- 105. In school I was sometimes sent to the principal for bad behavior. (True)
[N = 30.9]
- 227. I don't blame people for trying to grab everything they can get in this world. (True)
[N = 39.9]
- 266. I have never been in trouble with the law. (False)
[N = 40.9]

Family Conflict (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 2 were endorsed in the scored direction:

21. At times I have very much wanted to leave home. (True)
[N = 31.9]
125. I believe that my home life is as pleasant as that of most people I know. (False)
[N = 10.8]

Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 14 were endorsed in the scored direction:

28. I am bothered by an upset stomach several times a week. (True)
[N = 8.1]
47. I am almost never bothered by pains over my heart or in my chest. (False)
[N = 18.5]
53. Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep."
(True)
[N = 18.8]
59. I am troubled by discomfort in the pit of my stomach every few days or oftener. (True)
[N = 6.7]
111. I have a great deal of stomach trouble. (True)
[N = 6.1]
142. I have never had a fit or convulsion. (False) - *Seizures - grand mal/tegitil for then
was only during effort to
quit after a 405 me.
Cramp -*
159. I have never had a fainting spell. (False)
[N = 27.0]
164. I seldom or never have dizzy spells. (False)
[N = 9.2]
176. I have very few headaches. (False)
[N = 14.6]
182. I have had attacks in which I could not control my movements or speech but in which I knew what
was going on around me. (True)
[N = 3.2]
224. I have few or no pains. (False)
[N = 18.2]
229. I have had blank spells in which my activities were interrupted and I did not know what was going
on around me. (True)
[N = 7.5]
247. I have numbness in one or more places on my skin. (True)
[N = 9.5]
295. I have never been paralyzed or had any unusual weakness of any of my muscles. (False) - *Left hand
sprung*

End of Report

Reporter's Certificate

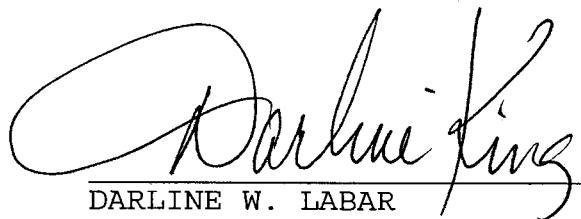
STATE OF TEXAS:

COUNTY OF DALLAS:

I, Darline W. LaBar, Official Court Reporter of the 194th Judicial District Court, in and for Dallas County, Texas do hereby certify that the foregoing volume constitutes a true, complete and correct transcript of all portions of evidence and other proceedings requested in writing by counsel for the parties to be included in the statement of facts, in the above styled and numbered cause, all of which occurred in open court or in chambers and were reported by me.

I further certify that this transcription of the record of the proceedings truly and correctly reflects the exhibits, if any, offered by the respective parties.

Witness my hand this the 27th day of November, A.D., 2001.



DARLINE W. LABAR
Official Court Reporter
194th Judicial District Court
Dallas County, Texas
(214) 653-5803

Certification No. 1064 Expires December 31, 2002

74145

REPORTER'S RECORD

VOLUME 65 OF 65 VOLUMES

TRIAL COURT CAUSE NO. F00-02424-NM

THE STATE OF TEXAS : IN THE DISTRICT COURT
VS. : DALLAS COUNTY, TEXAS
JEDIDIAH ISAAC MURPHY : 194TH JUDICIAL DISTRICT

EXHIBIT VOLUME

FILED IN
COURT OF CRIMINAL APPEALS

DEC 5 2001

A P P E A R A N C E S:

HONORABLE BILL HILL, Criminal District Attorney
Crowley Criminal Courts Building
Dallas, Dallas County, Texas 75207
Phone: 214-653-3600

Troy C. Bennett, Jr., Clerk

BY: MR. GREG DAVIS, A.D.A., SBOT # 05493550
MS. MARY MILLER, A.D.A., SBOT # 21453200
FOR THE STATE OF TEXAS;

MS. JANE LITTLE, Attorney at Law, SBOT # 12424210
MR. MICHAEL BYCK, Attorney at Law, SBOT # 03549500
MS. JENNIFER BALIDO, Attorney at Law, SBOT # 10474880
Dallas County Public Defender's Office
Phone: 214-653-9400
FOR THE DEFENDANT.

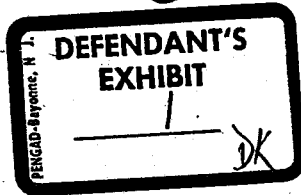
On the 26th day of February, through the 30th day of
June, 2001, the following proceedings came on to be heard in
the above-entitled and numbered cause before the Honorable F.
Harold Entz, Jr., Judge presiding, held in Dallas, Dallas
County, Texas: Proceedings reported by machine shorthand,
computer assisted transcription.

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Defendant's Exhibit Number 1

Warrant

(Copy attached)



No. 2000-273

IN THE MUNICIPAL COURT OF
THE CITY OF GARLAND
Dallas County, Texas

THE STATE OF TEXAS

v.s.

JEDIDIAH ISAAC MURPHY

WARRANT OF
ARREST

Issued this 5 day of OCTOBER 2000

A handwritten signature in cursive script, appearing to read "J. Galbraith".

Judge, Municipal Court
City of Garland, Texas

CAME TO hand the _____ day of _____

_____, 20 _____,

at _____ o'clock _____ M. and executed on

the _____ day of _____

20 _____, at _____ o'clock _____ M. by _____

Peace Officer

WARRANT OF ARREST

CAUSE NO. 2000-273

STATE OF TEXAS

IN THE MUNICIPAL COURT

VS.

CITY OF GARLAND,

JEDIDIAH ISAAC MURPHY

DALLAS COUNTY, TEXAS

THE STATE OF TEXAS: TO ANY PEACE OFFICER OF THE STATE OF TEXAS, GREETINGS:

YOU ARE HEREBY COMMANDED to arrest JEDIDIAH ISAAC MURPHY, Defendant, and

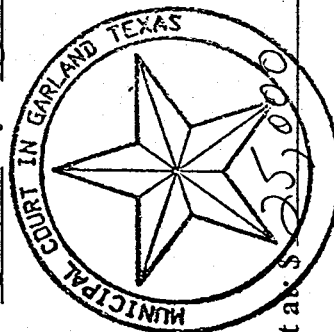
immediately bring Defendant before the court to be dealt with according to law, there to answer for an offense against the

laws of the State of Texas, to wit: CREDIT CARD ABUSE (state jail felony) which offense Defendant

has been accused under oath presented to me.

HEREIN FAIL NOT, but of this warrant of arrest make due service and return, showing how you executed same.

Signed this 5th day of October, 2000.



[Signature]
(Magistrate)(Judge), Municipal Court, City of GARLAND, Texas

Bond set at: \$ 25,000

COG 116-204 (revised 1/2000)

2000-273

AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF DALLAS

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS.

PERSONALLY APPEARED BEFORE ME, the undersigned authority, J.G.GAINES, hereinafter referred to as the Affiant, who, after being duly sworn, deposes and says that he, the said Affiant, has good reason to believe and does believe that one JEDIDIAH ISAAC MURPHY, hereinafter referred to as the Defendant, heretofore on or about the 4 th day of OCTOBER, 2000, in the County of Dallas and the State of Texas, did then and there intentionally and knowingly and with the intent to fraudulently obtain property and services from RICHARDSON MOTOR SPORTS, did use and present a credit card; namely DISCOVER CARD #6011-0080-5062-7147, with the knowledge that the said card had not been issued to him, the said Defendant, and that said card was not used with the effective consent of the cardholder, BERTIE CUNNINGHAM.

ON OCTOBER 4, 2000 MARY SHELTON REPORTED A MISSING PERSON TO THE GARLAND POLICE DEPARTMENT. MS. SHELTON ADVISED THAT HER SISTER BERTIE CUNNINGHAM, 80 YEARS OF AGE, LEFT THE RESIDENCE AT 2749 LAUREL OAKS, IN GARLAND AT APPROXIMATELY 2:30 PM. MS. CUNNINGHAM TOLD HER SISTER THAT SHE WAS GOING TO COLLIN CREEK MALL IN PLANO. AT APPROXIMATELY 3:58 PM MS. CUNNINGHAM MADE A CHARGE AT THE J.C. PENNEY STORE AT COLLIN CREEK MALL. AT APPROXIMATELY 6:00 PM ON OCTOBER 4, 2000 A SUBJECT DESCRIBED AS A WHITE MALE APPROXIMATELY 25-30 YEARS OF AGE, WEARING A BASEBALL CAP AND GLASSES ENTERED THE RICHARDSON MOTOR SPORTS LOCATED AT 408 S CENTRAL EXPRESSWAY IN RICHARDSON, TX. THE SUBJECT PURCHASED A TOTAL OF THREE GO-PEDS VALUED AT \$1728.75 AND CHARGED THE PURCHASE TO A DISCOVER CREDIT CARD. THE DISCOVER CREDIT CARD# 6011-0080-5062-7147 USED FOR THE CHARGE IS ISSUED TO BERTIE CUNNINGHAM, THE MISSING 80 YEAR OLD FEMALE. AT THE TIME OF THE PURCHASE BOBBY HARP AN EMPLOYEE AT THE RICHARDSON MOTOR SPORTS ASKED THE SUBJECT TO COMPLETE A WARRANTY INFORMATION CARD FOR THE GO-PEDS. AT APPROXIMATELY 8:00 PM WHEN MS. BERTIE CUNNINGHAM HAD NOT RETURNED HOME HER SISTER CALLED THE GARLAND POLICE DEPARTMENT AGAIN, SINCE MS. CUNNINGHAM DOES NOT USUALLY DRIVE AFTER DARK AND FEARING THAT SHE MAY HAVE BEEN A VICTIM OF FOUL PLAY.

DURING THE FOLLOW-UP INVESTIGATION IT WAS LEARNED THAT AN ATTEMPT WAS MADE TO WITHDRAW CASH FROM AN ATM USING THE SAME DISCOVER CREDIT CARD USED TO CHARGE THE GO-PEDS WHICH IS ISSUED TO BERTIE CUNNINGHAM.

BOBBY HARP, THE RICHARDSON SPORTS EMPLOYEE ADVISED THAT HE HELPED CARRY THE THREE GO-PEDS OUT TO THE MALE SUBJECTS CAR, WHICH HE DESCRIBED AS A SILVER FOUR DOOR COMPACT CAR, WHICH IS THE SAME TYPE OF CAR THAT MS. CUNNINGHAM DRIVES.

DETECTIVES OBTAINED THE WARRANTY CARD WHICH WAS FILLED OUT BY THE SUBJECT MAKING THE PURCHASES AND SUBMITTED THE CARD TO THE GARLAND POLICE DEPARTMENT FORENSIC UNIT TO BE PROCESSED FOR LATENT PRINTS.

ON OCTOBER 4, 2000 FORENSIC INVESTIGATOR JAMES ROGERS COMPARED THE LATENT PRINTS DEVELOPED ON THE WARRANTY CARD FOR THE YELLOW LIQUIMATIC GO-PED WITH THE ROLLED INKED FINGERPRINTS BELONGING TO JEDIDIAH ISAAC MURPHY, AFTER WITNESSES STATED THAT HE HAD BEEN AT THE STORE AND MADE THE PURCHASES OF THE GO-PEDS. THE COMPARISON RESULTED IN THE POSITIVE IDENTIFICATION OF THE LEFT MIDDLE FINGER OF JEDIDIAH ISAAC MURPHY TO A LATENT PRINT ON THE WARRANTY CARD.

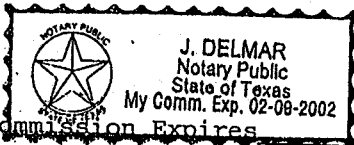
AT THIS TIME IT IS BELIEVED THAT THE DISCOVER CREDIT CARD BELONGING TO BERTIE CUNNINGHAM WAS USED WITHOUT HER PERMISSION SINCE SHE IS STILL MISSING.

BASED ON THE SFOREMNTIONED INFORMATION A WARRANT IS REQUESTED FOR THE ARREST OF JEDIDIAH ISAAC MURPHY FOR CREDIT CARD ABUSE, A STATE JAIL FELONY.

AGAINST THE PEACE AND DIGNITY OF THE STATE.

J. Delmar
Affiant

SUBSCRIBED AND SWORN TO ME this 5 day of
Oct-5-00, A.D. 2000.



J. Delmar
Notary Public in and for
Dallas County, Texas

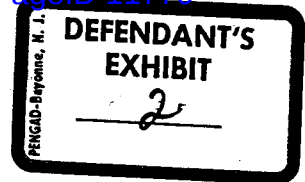
MAGISTRATE'S DETERMINATION OF PROBABLE CAUSE

On this the 5th day of October, 2000, the undersigned Magistrate hereby acknowledges that he has examined the above affidavit and has determined that probable cause exists for the issuance of arrest warrant for the individual(s) accused herein.

S. Galbraith
MAGISTRATE, IN AND FOR DALLAS
COUNTY, TEXAS

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Defendant's Exhibit Number 2
Questionnaire
(Copy attached)



October 10, 2000

Mr. Jim Murphy,

I am writing this letter to you in hopes that you can shed some light on the death of my sister. Detective Matt Myers told me that you have been cooperating with him and have given him information about the death of Bertie. Mr. Myers told me that you have expressed sorrow for what you have done, and I appreciate that. I, along with the rest of Bertie's family have questions that Mr. Myers can not answer, even though he has told us all he knows. I am writing this letter in hopes that you will answer my questions, which will give the family peace of mind and closure in this matter. We loved Bertie very much and we are hurting and grieving at this time. Please help us heal by answering my questions. I am going to list the questions below and give you a space to respond. Mr. Myers will then deliver the letter to me after you have responded. Thank you in advance for your help.

Was Bertie scared or mistreated when you made her give you a ride?

NOT AT ALL

Did Bertie talk to you and treat you well as we think she would have done?

Yes she did

When Bertie was killed, did she suffer?

Can we get the rings back that Bertie was wearing? The family is prepared to pay for the rings if you can tell us who to get them. The rings have sentimental value for me as well as the family.

Bertie was a very religious person and I think that she would pray for you. Did she pray while she was with you?

*She had no reason to pray
nothing was going to happen*

The family would like to put up a cross or memorial stone either at the place you picked Bertie up or the place that she died. We need your help to get this done. Please tell me where you picked her up or where she died. This would be a marker that we could put up to show our love for Bertie, and that we still think about her.

*Sir or maam I'm very sorry for
what has happened to your family. I've
destroyed many many lives from this.
I will continue to work with Mr. Myers
so I can at least give you peace, but
as of right now I can't remember.*

I know that Bertie helped others who were in need. Did you tell Bertie that you were in need of assistance, and is that why she tried to help you?

I had all my luggage w/me so she knew I needed help & once again I'm very very sorry for your loss ma'am. If I could bring her back I would do it for you. This was a horrible horrible accident & I'm sorry for causing you pain.

Mr. Myers told me that he can not make you answer my questions because of legal matters. I fully understand that, but I am elderly like my sister, Bertie, and this would help me and the family deal with our unanswered questions. Mr. Myers told me that he would help me by presenting you with my questions. Mr. Myers told me that he would let you sit in a room to respond and would not interfere with your responses. I would also like to know if you would respond to any other questions that I might have at a later time?

Cindy Hale

Cindy Hale

I was told if I'm honest and ask for forgiveness God will forgive me for what has happened and one day I'll have some peace in my life as well. I will answer any question I can to help you. Another bad thing

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Defendant's Exhibit Number 3
Miranda Warning Sheet 10-11-2000
(Copy attached)

WARNING TO BE GIVEN BEFORE TAKING

ANY ORAL OR WRITTEN CONFESSION

ON THE 11 DAY OF October, 2000, AT 9:02 O'CLOCK A M,

M. J. MYERS ADVISED ME, Jedidiah Isaac Murphy THAT

1. I HAVE THE RIGHT TO HAVE A LAWYER PRESENT TO ADVISE ME EITHER PRIOR TO OR DURING ANY QUESTIONING.
2. IF I AM UNABLE TO EMPLOY A LAWYER I HAVE THE RIGHT TO HAVE A LAWYER APPOINTED TO COUNSEL WITH ME PRIOR TO OR DURING ANY QUESTIONING, AND
3. I HAVE THE RIGHT TO REMAIN SILENT AND NOT MAKE ANY STATEMENT AT ALL AND THAT ANY STATEMENT THAT I MAKE MAY AND PROBABLY WILL BE USED IN EVIDENCE AGAINST ME AT MY TRIAL.
4. I HAVE THE RIGHT TO TERMINATE THE INTERVIEW AT ANY TIME.

I UNDERSTAND ALL OF THE ABOVE EXPLAINED RIGHTS.

SIGNED

Jedidiah Isaac Murphy

WITNESS

MJ Myers

2 coffee
2 cigarettes

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Defendant's Exhibit Number 4
Miranda Warning Sheet 10-13-2000
(Copy attached)

PENGAD-Bayonne, N.J.
STATE'S
EXHIBIT
51

PENGAD-Bayonne, N.J.
DEFENDANT'S
EXHIBIT
51

WARNING TO BE GIVEN BEFORE TAKING
ANY ORAL OR WRITTEN CONFESSION

ON THE 13 DAY OF October, 19 2000, AT _____ O'CLOCK _____ M,

M. J. Myers ADVISED ME, Jedidiah Isaac Murphy THAT

1. I HAVE THE RIGHT TO HAVE A LAWYER PRESENT TO ADVISE ME EITHER PRIOR TO OR DURING ANY QUESTIONING.
2. IF I AM UNABLE TO EMPLOY A LAWYER I HAVE THE RIGHT TO HAVE A LAWYER APPOINTED TO COUNSEL WITH ME PRIOR TO OR DURING ANY QUESTIONING, AND
3. I HAVE THE RIGHT TO REMAIN SILENT AND NOT MAKE ANY STATEMENT AT ALL AND THAT ANY STATEMENT THAT I MAKE MAY AND PROBABLY WILL BE USED IN EVIDENCE AGAINST ME AT MY TRIAL.
4. I HAVE THE RIGHT TO TERMINATE THE INTERVIEW AT ANY TIME.

I UNDERSTAND ALL OF THE ABOVE EXPLAINED RIGHTS.

SIGNED _____

WITNESS _____

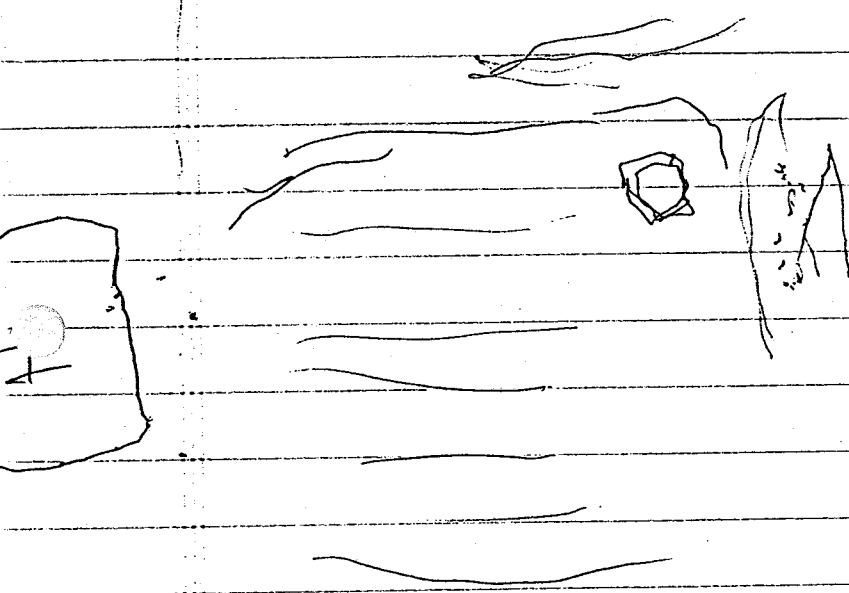
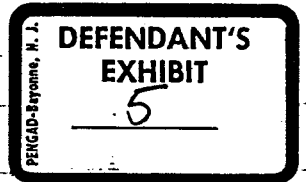
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Defendant's Exhibit Number 5

Wilhelm - Map

(Copy attached)

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State's Exhibit Number 6
Cover of Envelope
(Copy attached)
(Retained By Physical Evidence Clerk)

2001-017191-01



Svr: 01-40745 Def: Unknown

ATTEMPTED SUICIDE

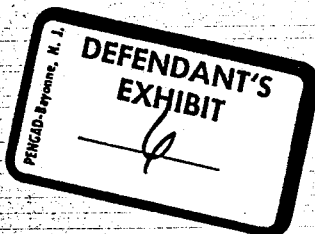
Svc # 01-040745

5/06/01

Comp: Murphy, Jedidiah
w/m dob: 9/01/75

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R. ALLWARDT #133



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Defendant's Exhibit Number 6A

Handwritten Notes

(Copy attached)

Michael & Jane (Sorry if I've offended you by using your 1st name)

During the interrogation today with Detective ~~Robert~~ Myers he made more than a few false statements. Just of all in the interrogation room there was surveillance equipment concealed in a desk on the left side of the desk there were 2 microphones and on the opposite side there was a small hole drilled into the upright part of the desk that contained a camera. The reason I know this to be true is because when I was smoking Mr Myers had an allergy to it so he left me alone in the room. A small plastic piece was missing from the top of the left side of the desk while reaching across to put out my cigarette I looked into the space and saw the two small round microphones in the desk. Also about the camera they made me sit in the same place in the room everytime I was in there and it happened to be directly in front of the hole drilled into the desk and right beside the missing piece of plastic from the desk that contains the microphones. Also for him to say I wasn't obviously drunk was impossible I drank 2 18 packs of beer and half a bottle of bourbon. They arrested me at 8:00 am in the morning I didn't get into the bed until after 12:00 AM so I only slept 2 hours since the time this all occurred. They interrogated me from then until after 12:00 noon the next day. Mr Murphy the first shift supervisor will attest to this. Over

Every once in a while, I can think clearly maybe its a miracle for me to be thinking so clearly. It would be worth you while to have Jim Exon to have my cousin Michael Robinson look at the desk in question. I'll guarantee you you'll be surprised at what you find!

Sincerely

Jim Ed.

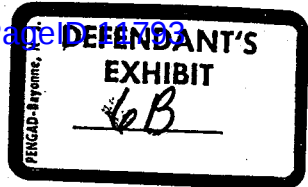
For what its worth the person who is guilty of this lives within my head and as I'm writing you this now he's laughing at how I'll fry and I'm afraid I won't have many more clear thoughts. Like I tell my family if I could plug myself into a I.V. and you could see how many different people and voices and visions I deal with everyday you would understand why for the last 16 years I've wanted to die. The only reason I' havent is because they would never. If I don't get help soon though ~~my mind is getting worse~~ ~~my mind is getting worse~~ ~~my mind is getting worse~~ My mind is getting worse I need my medication A.S.A.P. The Psychiatrist here doesn't think too fond of me that's why I asked to see if I could have one of my doctors work w/ her. Michael if honestly my choices are life or death I'm pleading guilty. Life in prison is death to me anyway.

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Defendant's Exhibit Number 6B

Handwritten Notes

(Copy attached)



Questions for my lawyers

- ① I don't understand why they haven't started me on my regular medication seeing how more than 3 doctors prescribed the same thing and gave the same diagnosis. (Major Depressive, Dissociative, Bi Polar, ^{unintentionally} ~~Repetitive~~ ^{file of anger})
- ② I understand that my case is one of high profile and protection is a question. However I've been in more than 3 mental institutions and never once hurt anyone, nor did anyone in the medical ward I feel nervous or ~~angry~~ angry towards me.
- ③ I'm not a horrible monster that the media wants me to be. I was once a loving father, fiance, and friend to many people. I have a few mental disorders and on my medication I am just as normal as the average passerby on the street. The reason this happened is because I quit taking my meds because I told myself I was cured and normal again. I tossed them to the side taking them occasionally when I felt it was necessary.
- ④ The medication I was on was as listed and the only reason I'm telling you this is because without them I'll lose my mind. "Risperidone, Cerequil, Depacot, Cogentin to counteract the effects of the Risperidone, Valproic Acid, ~~Colony~~ Colonipin, Effexor, and because of unexplained serotonin syndrome, Ativan for a mood stabilizer."

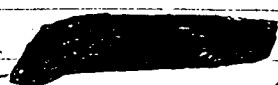
O.V.E.C.

page ①

(E) The reason I'm writing you this is because it was suggested by my brother in law Jim Ewin. I understand they have a Psychiatric floor here in this jail facility. My problem is more Psychiatric than medical. I'm not sure why they have me here where I am but a Psychiatrist is what I need. For me to be locked up inside a box with no I.V. no one to converse with and nothing but my thoughts will kill me. When I black out, someone else takes over and I never believed it until now but the only way to stop whatever it is, is with medication. Dr. Glen Estabrook, from Glen Lake, & Dr. Roscoe from Timberlawn can explain more about this than me.

When I go before the Judge I would like to look presentable. My family will bring me a nice suit so that I can at least feel respectable. I ask you these things out of total respect for you, and I only hope my information will be of some benefit to you. I believe I'm blessed to have an attorney of your stature on my side & I know you'll do your best. Please help me with a Psychiatrist while I have ~~some~~ what little of my mind left. I'm already suffering from hallucinations and auditory visions. I need your help desperately.

Thank you for your time.

I desperately need my meds!
I don't want to lose my mind again.  Jerry Ed. (2)

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Defendant's Exhibit Number 6C

Handwritten Notes

(Copy attached)



10-2-00

(3)

Michael their solution to my problem with my hallucinations is strip me naked and strap me down on the floor. Michael they are more than just hallucination, I can hear them and they can touch me. I can't put into words how terrifying they are, fortunately they are not to the point where I fear for my life! I will not say anything else to guards that work here. I'll tell you and you can get more done than I can. The hallucinations only get worse from here, eventually I will lose my mind completely. The reason I write these things down is because I'll forget to tell you when I see you. The only way I can explain it is having a bad nightmare you can't wake up from. The only relief I get is with my meds or when I sleep. Please Please Please help me before I lose it completely! Please call both Zembelaw for Dr. Roscoe and Glen Todd for Dr. Glen Esterbrook. Just so you know the reason I drink so voraciously is so I don't have these problems. Today is I think the 23rd I've written the Psychiatrist at least 5 bits stating my problem like I was told to do. She has yet to assess the situation or make any effort in solving the problem. I need help if she is the only one who can give it to me my problems are just beginning. Please make these people help me.

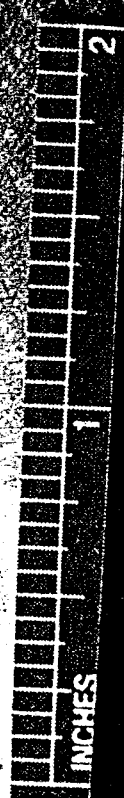
Is my daughter!
Please help me with this
problem I'm having, the
staff will see me only once a month

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Defendant's Exhibit Number 7

Autopsy Photograph

(Copy attached)



3564.00

PERCUT-Argonne, N. J.
DEFENDANT'S
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Defendant's Exhibit Number 8

Autopsy Photograph

(Copy attached)



DEFENDANT'S
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PENGAD-Bayonne, N. J.

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Defendant's Exhibit Number 9

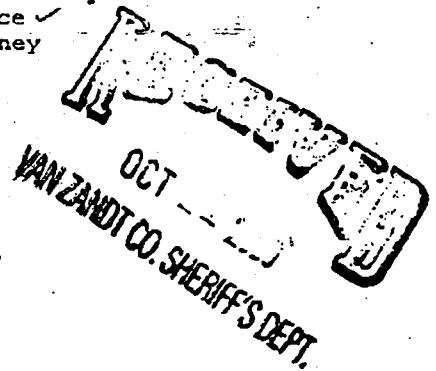
Dr. Duval Letter

(Copy attached)

SEND TO: JP Ozelle Wilcoxson - Van Zandt County
Van Zandt County Sheriff's Office ✓
Van Zandt County District Attorney

THE SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

5230 Medical Center Drive
P.O. Box 35728
Dallas, Texas 75235
(214) 920-5900



CAUSE OF DEATH

Date: 06 OCT 2000

Case No. JP3564-00-2564JD

Name of Deceased: Cunningham, Bertie (TENT) 80 / White/ Female

Residence of Deceased: 2749 Laurel Oaks Drive Garland, Texas 75044

Place of Death : Livingston Creek, 1mi. S. of Edgewood

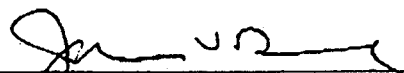
Place of incident/discovery: Highway FM 859

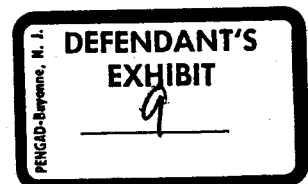
An AUTOPSY was performed and the cause of death is : Gunshot wound to head

Manner of Death: HOMICIDE

Pending: Reason:

Comment:


Jennie V. Duval, M. D.
Medical Examiner

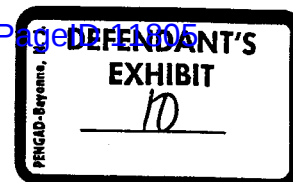


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Defendant's Exhibit Number 10

Dr. Krusz Report

(Copy attached)



JOHN CLAUDE KRUSZ, PhD, MD

ANODYNE PainCare

5446 Glen Lakes Drive

Dallas, Tx, 75231

tel (214) 750-6664; fax (214) 750-6671

BOARD CERTIFIED IN NEUROLOGY AND PSYCHIATRY, PAIN MANAGEMENT AND EEG

INITIAL NEUROLOGIC EVALUATION

Jedidiah Murphy

6/1/2001

DOI: gun shot wound, 1996; thumb injury, 2000

HISTORY: 25yr old right handed male brought from Lew Sterrett facility for evaluation of left hand function. He sustained a GSW to his left palm in 1996 when a .22 cal handgun discharged and the bullet fragments were removed from the dorsum of the hand. He has had numbness of the last 4 fingers of his hand since that time below a scar line in the middle of the palm, with worse loss of feeling on the palm side of the hand. He ruptured an ulnar collateral ligament in his left thumb in June 2000 while at work when he snapped his thumb backwards. This required more surgery and left his side of the thumb numb to any feeling.

PAST MEDICAL HISTORY: unremarkable

PAST SURGICAL HISTORY: as above

HEADACHE HISTORY: none

PAIN HISTORY: none

MEDICATIONS: none

ALLERGIES: none

EXAMINATION: (limited to left upper extremity)

EXTREMITIES/PULSES: Normal extremities without deformities; pulses symmetric without cyanosis, clubbing or edema. Skin color is symmetric bilaterally. There is a well-healed scar on the ventral (palm) surface, 5cm going across the hand. On the dorsal surface there is a 1.5cm x 0.5cm scar in the center of the hand. A third scar 1.5-2cm is noted 3cm above the wrist crease at the base of the thumb.

NEUROLOGIC EXAMINATION:

MOTOR:

UPPER EXT: 5/5 for all proximal and distal muscles, except the following in the left hand: weakness of lumbrical muscles and distal flexors of fingers and at distal joint of the thumb; thumb apposition is weak as is thumb extension, compared to the right side.

SENSORY: There is loss of sensation to pinprick, light touch and temperature on the ventral side of all 4 digits, left side and on the side of the thumb opposing the second digit.

IMPRESSION:

Motor and sensory findings secondary to traumas to the left hand as above.

PLAN/RECOMMENDATIONS: Nerve conduction study with central responses.

NERVE CONDUCTION VELOCITY STUDY

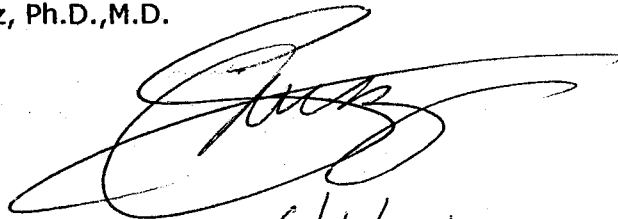
The left median motor amplitude was low, suggesting axonal neuropathy in this trunk; left median sensory velocity was slightly slowed. The ulnar sensory amplitude was low, again suggesting axonal neuropathy in this trunk.(see accompanying worksheet)

CENTRAL RESPONSES

Left median H reflex and F wave is markedly prolonged; this is also true for the ulnar nerve. This suggests profound neuropathy in both nerve trunks.(see worksheet data)

John Claude Krusz, Ph.D.,M.D.

cc:Michael Byck



6/6/01

1159 PM

Hand

187

Richard Murphy

GSW 1996 to palm - 22 - shattered
hand balled up
left 4 middle fingers on ventral side

ruptured ulnar collateral when thumb snapped
back June 2000

② 2cm scar - metacarpal (one)

Imp weakness of distal thumb & forefinger
muscles with severe sensory
changes in all fingers

Richard Murphy

TO:

PATIENT:

Medina, Wendy

DATE:

5/1/01

FROM: John Claude Krusz, Ph.D., M.D.
8230 Walnut Hill Lane, Suite 614
Dallas, Texas 75231

Phone: (214) 750-6664

cc M Byer

pc:

NERVE CONDUCTION STUDY (UPPER EXTREMITY)

NERVE TESTED	SEGMENT	AMPLITUDE MV OR UV	CONDUCTION VELOCITY METER / SEC	DISTAL LATENCY MSEC
		VALUE NORMAL	VALUE NORMAL	VALUE NORMAL
<i>L</i> Median (Motor)	Forearm	14.6 > 17.5	52.6 > 49	3.32 < 4.00
<i>L</i> Median (Motor)	<i>across</i> <i>upper</i> Arm	8.1	57. > 50	1.66
Median (Motor)	Thoracic Outlet		> 51	
<i>L</i> Median (Sensory)	Forearm	Normal	49.4 > 51	2.7 < 3.80
<i>L</i> Ulnar (Motor)	Forearm	12.1 > 11.0	51.2 > 50	3.3 < 3.80
Ulnar (Motor)	Upper Arm		> 52	
Ulnar (Motor)	Thoracic Outlet		> 53	
<i>L</i> Ulnar (Sensory)	Forearm	<i>Low</i>	41.2 > 52	3.4 < 3.60
Radial (Motor)	Upper Arm		> 54	
Radial (Sensory)	Forearm		> 50	
Musculocutaneous (Motor)	Thoracic Outlet		> 54	

IMPRESSION: *Neuropathy in median + ulnar nerve trunks*

CENTRAL RESPONSES

NERVE TESTED	RECORDING SITE	LATENCY MSEC	AMPLITUDE MU OR UV	DURATION METERS/SEC
		VALUE NORMAL	VALUE NORMAL	VALUE NORMAL
<i>L</i> Median	Abd. pollicis br	14 31.9, 27.5 F 33.7		< 16
	Abd. digit V	14 27.8, 27.5		< 16

Imp: *Prolonged central responses suggestive of severe neuropathy*
5/1/01

fax 214 750-6664 33539

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Defendant's Exhibit Number 11

File Composite

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CRIMESTOPPERS REWARD WANTED FOR ROBBERY

CALL CRIME STOPPERS 469-TIPS



SUSPECT: Hispanic Male

AGE: 16-17 years old

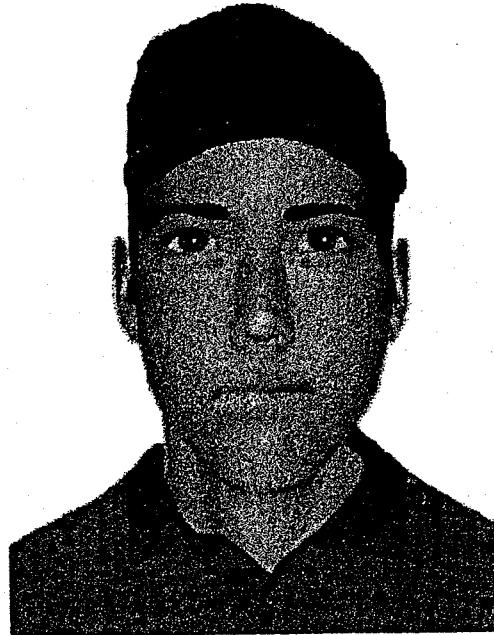
**PHYSICAL: Slim 5' 9" tall
150 - 160 lbs
Brown Hair
Brown Eyes**

**DRESS: Blue Jeans, Dark Pull
Over Shirt, Dark Cap**

**CRIME: AGG. ROBBERY
Small Caliber Revolver**

**LOCATION: On Video
1900 Baird Farm
Rd.
Arlington, Texas**

DATE: August 7, 1997 9:00 pm



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Defendant's Exhibit Number 12

File Composite

(Copy attached)

Arlington Police Department SUSPECT

WANTED FOR

Aggravated Sexual Assault

**Contact Det. T. DeShazor 459-5303 or
CRIME STOPPERS 469-TIPS**



SUSPECT: Hisp. Male 30's

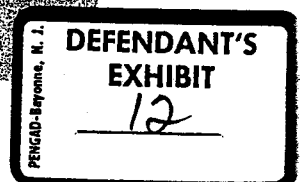
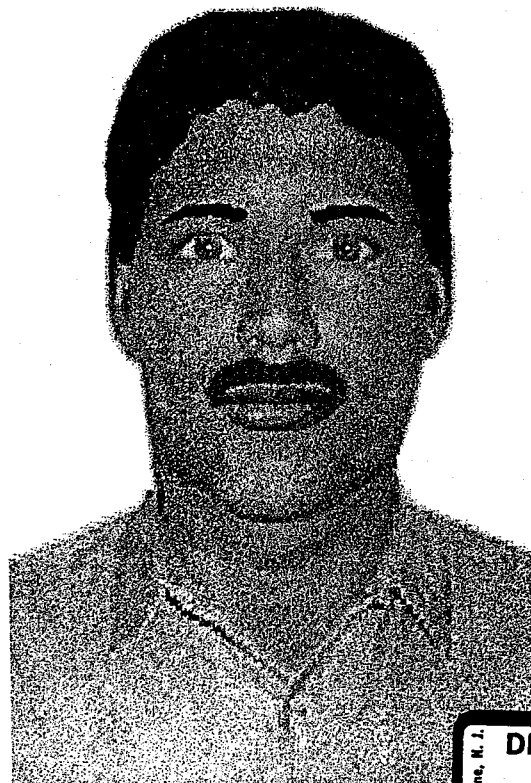
PHYSICAL: thin build
5'7" 150lbs
short hair curly
blu/grn eyes
mustache

DRESS: dickey style pants
and shirt

CRIME: Sexual Assault

LOCATION: Fielder Sq. Apts.
408 N. Fielder Rd.
Arlington, Texas
972620535

DATE: Sept. 17, 1997



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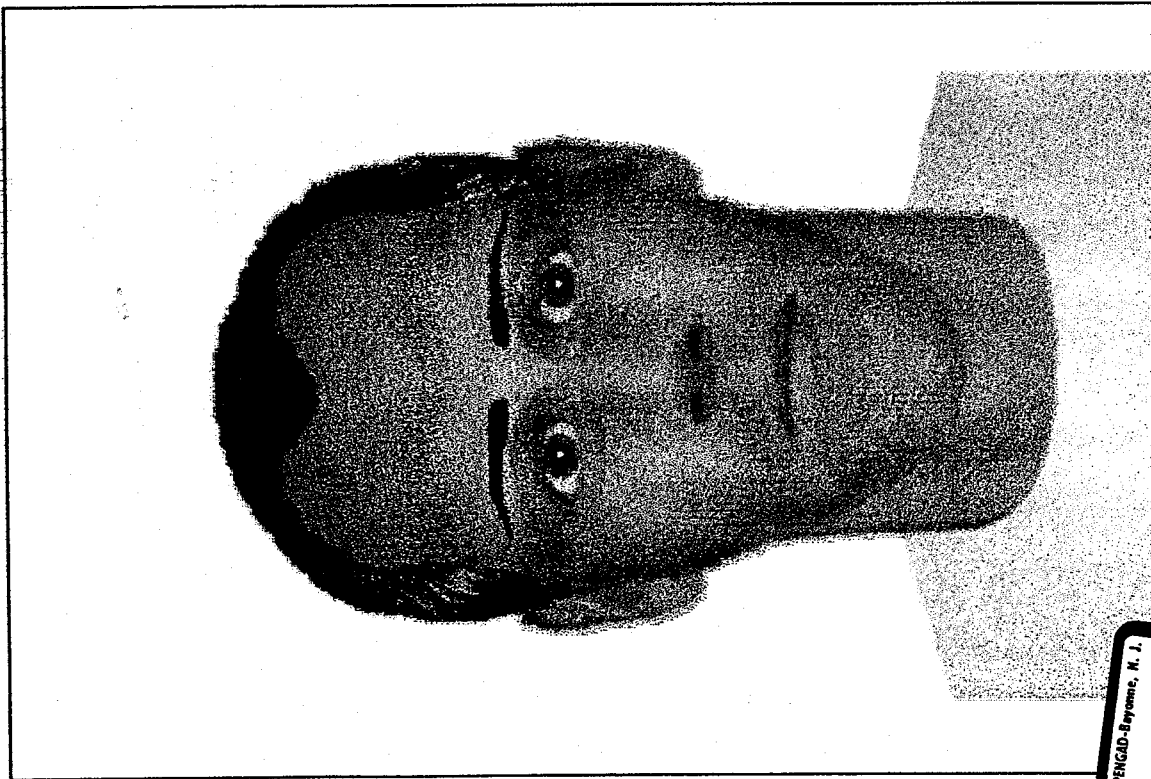
Defendant's Exhibit Number 13

File Composite

(Copy attached)

Arlington Police Department

FOR LAW ENFORCEMENT USE ONLY



Suspect Name:

SUSPECT A

Suspect Description:

Hispanic or white male, 30-40 years of age, small build - thin, Blk hair - receding, Pink Tank Top, and Turquoise shorts, chest hair and hairy back, dark complected with one day beard.

Additional Information:

Indecent Exposure - River Ridge Apts/Pool - 2604 Furr's. Suspect approached the victim and told her he would get her. He exposed his penis and masturbated in front of the victim as he spoke to her.

Case Number:

972280302

Case Name:

972280302

Type of Crime:

Indecent Exposure

Date and Time of Crime:

August 16, 1997

Composite Date:

August 29, 1997

Composite By:

Det. D. H. Ligon 541

PENGAD-Byronne, N. J.

DEFENDANT'S
EXHIBIT

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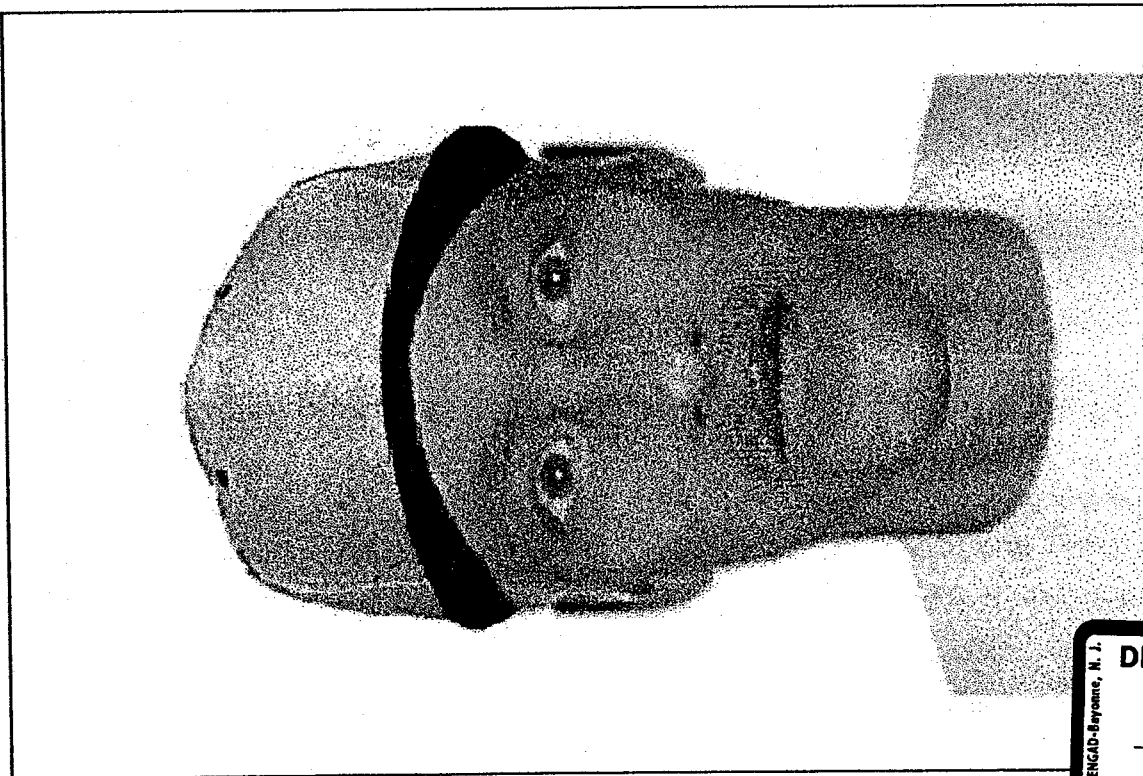
Defendant's Exhibit Number 14

File Composite

(Copy attached)

Arlington Police Department

FOR LAW ENFORCEMENT USE ONLY



Suspect Name:

Suspect Description:

UNKNOWN W/M

WHITE MALE 28 YOA, SLIM BUILD, 5'9"
140-145LBS, SLIM BUILD, LIGHT
BRO/BLOND HAIR SHORT, SLIGHT
MUSTACHE, BASEBALL CAP, WHITE
SHIRT. SUSPECT HAS HEAVY
TATTOO'S AROUND NECK -
SPIDERWEB OR SIMILIAR

Additional Information:

AGG. ROBBERY 8/22/97 SUBWAY
SANDWICH SHOP 4654 S. COOPER
ST. - SUSPECT IS ARMED WITH
SMALL CALIBER HANDGUN

Case Number:

972340498

Case Name:

Agg. Robbery

Type of Crime:

Robbery

Date and Time of Crime:

August 22, 1997

Composite Date:

September 02, 1997

Composite By:

D. Ligon #541

PERGID-Bayonne, N. J.
**DEFENDANT'S
EXHIBIT**
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Defendant's Exhibit Number 15
File Composite
(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Aggravated Robbery

Contact Det. B. Stewart 459-5303 or

CRIME STOPPERS 469-TIPS-459-5303



SUSPECT: Hispanic Male

AGE: 25-27 yoa

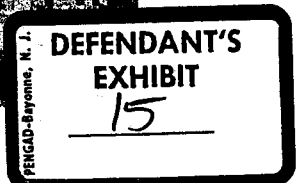
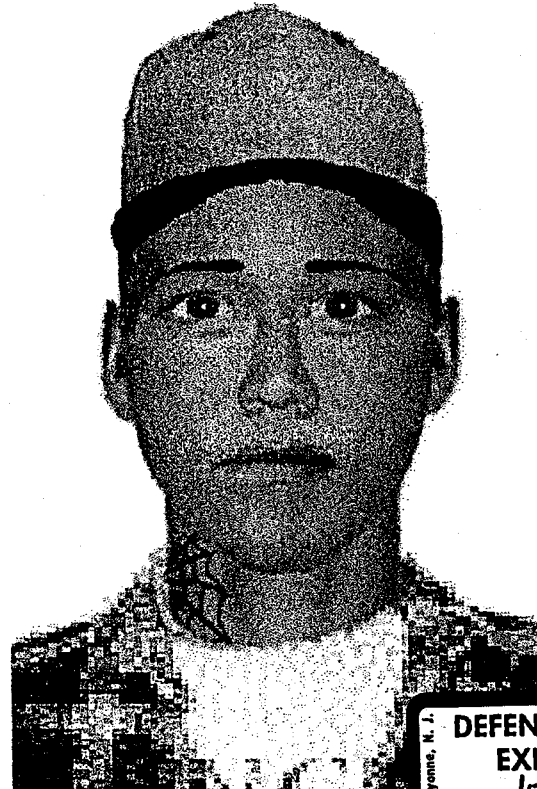
PHYSICAL: slim build
5'6" 140-150lbs
Sht. Black Hair
Brown Eyes
Spider Webb Tattoo

DRESS: Blue jeans
Plaid shirt, Hat

CRIME: Agg. Robbery

LOCATION: Elk Lodge
601 W. 303
Arlington, Texas

DATE: August 26, 1997 12:48 am



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Defendant's Exhibit Number 16

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Aggravated Robbery

Contact Det. J. Stanton 459-5303 or

CRIME STOPPERS 469-TIPS-459-5303



SUSPECT: Black Female

AGE: 39-40 yoa

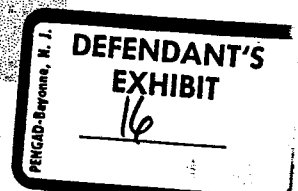
PHYSICAL: med. build
5'7" 160lbs
Braided hair to
shoulders
Brown Eyes

DRESS: black pants
white button up shirt

CRIME: Agg. Robbery

LOCATION: ~~Bank of America~~
2200 2206 S. Collins *Collins*
Arlington, Texas

DATE: August 1, 1997 12:30 p.m.



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Defendant's Exhibit Number 17

File Composite

(Copy attached)

CRIMESTOPPERS REWARD WANTED FOR Attempted Sexual Assault

CALL CRIME STOPPERS 469-TIPS



SUSPECT: White Male

AGE: 20-25 year of age

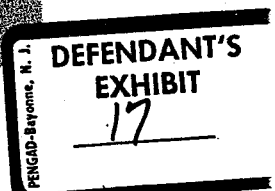
PHYSICAL: Slim 5'7" - 5'10"
150 160lbs
dirty blond hair
Brown Eyes

DRESS: Blue Jeans
Orange Pull Over

CRIME: Agg. Robbery

LOCATION: Southern Hills Apt
2619 Nikos Plc.
Arlington, Texas

DATE: August 6, 1997 2:36 a.m.



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Defendant's Exhibit Number 18

File Composite

(Copy attached)

CRIMESTOPPERS

REWARD

WANTED FOR

Attempted Sexual Assault

CALL CRIME STOPPERS 469-TIPS



SUSPECT: Black Male

AGE: 20-25 years old

PHYSICAL: Med. Build 5' 9" tall

170 lbs

Black Hair

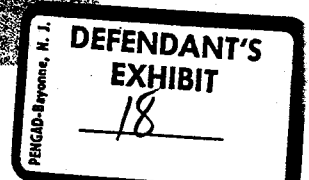
Brown Eyes

**DRESS: Khaki Pants, Blue Pull
Over Shirt**

CRIME: Attempt Sexual Assault

**LOCATION: Timber Ridge Apts.
1305 Elite Cir.
Arlington, Texas**

DATE: August 20, 1997 8:30 am



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Defendant's Exhibit Number 19

File Composite

(Copy attached)

Arlington Police Department REWARD

WANTED FOR

Aggravated Robbery

Contact Det. J. Stanton 459-5303 or
CRIME STOPPERS 469-TIPS



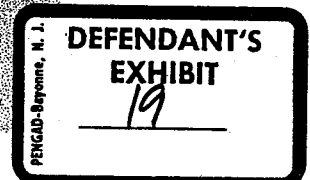
SUSPECT: H/M 25-30 yoa

PHYSICAL: Slim Build
6' 150+ lbs
sh. dark hair

CRIME: Agg. Robbery

LOCATION: Subway Sandwich
2254 N. Collins
Arlington, Texas
981010027

DATE: April 11, 1998



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Defendant's Exhibit Number 20

File Composite

(Copy attached)

Arlington Police Department

REWARD

WANTED FOR

Attempted Kidnapping

Contact Det. J. Ford 459-5303 or
CRIME STOPPERS 469-TIPS



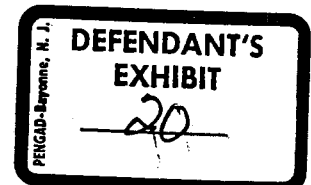
SUSPECT: W/M 30+ yoa

PHYSICAL: Stocky Build
6' 200+ lbs
sh. Lgth brn hair

CRIME: Kidnapping

LOCATION: Exxon
1900 E. 303
Arlington, Texas
981030439

DATE: April 13, 1998



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Defendant's Exhibit Number 21

File Composite

(Copy attached)



Chief David Kunkle

SPECIAL BULLETIN

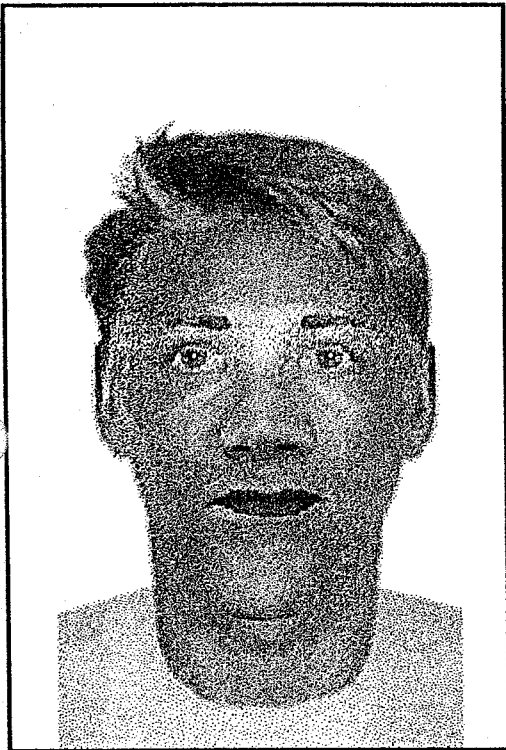
April 16, 1998

Arlington Police Department

620 W. Division Street
Arlington, TX 76010

Bulletin #

RAPE



Suspect Name: UNKNOWN

Known Aliases:

Description: W/M, 30+YOA, 5'8" Tall, 180lbs Stock Build,
Short Light Blond Parted Hair, Blue Eyes

Associates:

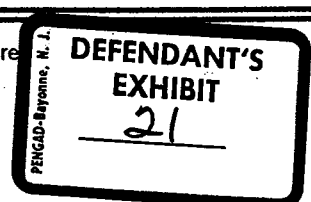
WARNING: Armed and Dangerous

Case Number: 980980591

Warrant: None

Synopsis: On 4/8/98 1730hrs the victim was approached by the suspect in the 500 block of Browning Drive. The suspect displayed a blue steel semi-automatic pistol and forced the victim to a near-by field where he sexually assaulted her.

Contact: Det. E. Hayes 459-5710



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Defendant's Exhibit Number 22

File Composite

(Copy attached)

Arlington Police Department REWARD

WANTED FOR

Aggravated Robbery

Contact Det. D. Nutt 459-5303 or
CRIME STOPPERS 469-TIPS



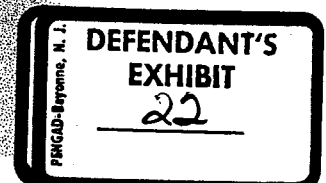
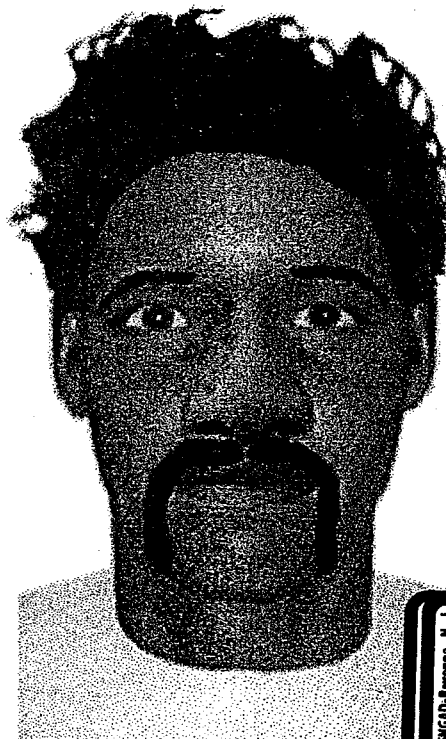
SUSPECT: B/M

PHYSICAL: Med Build
6'. 175 lbs
med curly hair
dk. eyes
mustache goatee
clear do cap

CRIME: Agg. Robbery

LOCATION: Fina
2005 Copeland Rd.
Arlington, Texas
980990259

DATE: March 8, 1998 2345

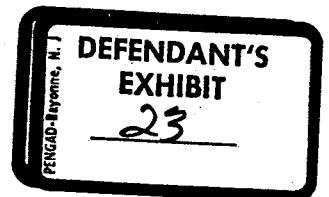
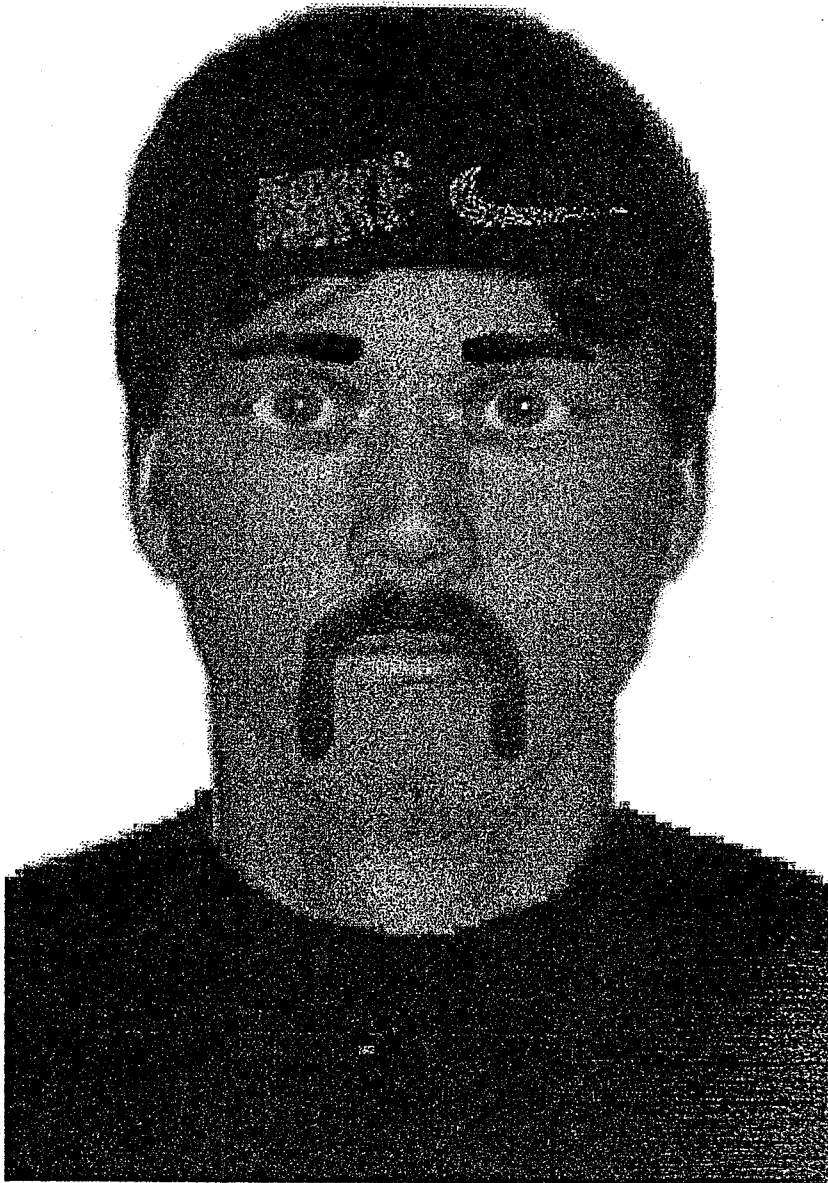


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Defendant's Exhibit Number 23

File Composite

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Defendant's Exhibit Number 24

File Composite

(Copy attached)

Arlington Police Department DO YOU KNOW THIS MAN ?

Possible Kidnap Suspect

Contact Det. D. Nutt 459-5303 or
CRIME STOPPERS 469-TIPS



SUSPECT: B/M 30's

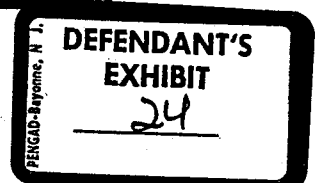
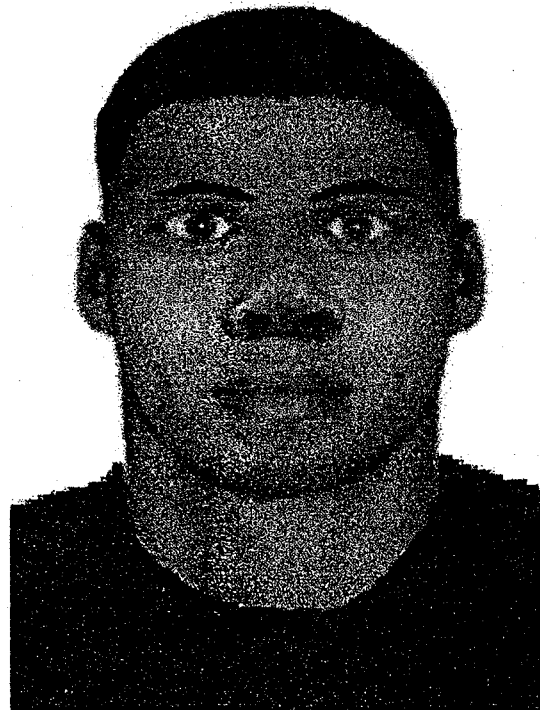
PHYSICAL: Muscular Build
Unk Ht. 180 lbs
sht. Cropped hair
dk. eyes

Vehicle: Silver or Gray
Beat-Up Older
Toyota Corolla

CRIME: Missing Person

LOCATION: Street
3000 Blk. W.Division
Arlington, Texas
980460309

DATE: Feb 15, '98 1200hrs



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Defendant's Exhibit Number 25

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

AGGRAVATED ROBBERY

Contact Det. J. Stanton 459-5303 or
CRIME STOPPERS 469-TIPS



SUSPECT: ~~B~~W/M

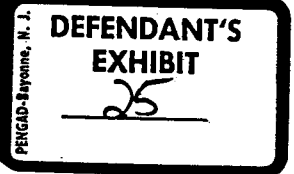
PHYSICAL: Med. Build
506 150-60lbs
shaggy hair
blue eyes

DRESS: black jacket
blue jeans

CRIME: Agg. Robbery

LOCATION: Chevron
3394 S. Watson
Arlington, Texas
980310166

DATE: Jan 31, 1998 0800hrs



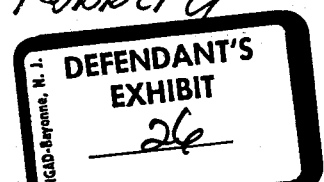
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Defendant's Exhibit Number 26
File Composite
(Copy attached)



980020242

Agg Robbery



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Defendant's Exhibit Number 27

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

THEFT

Contact Det. J. Beckerley 459-5303 or
CRIME STOPPERS 469-TIPS



SUSPECT: B/F

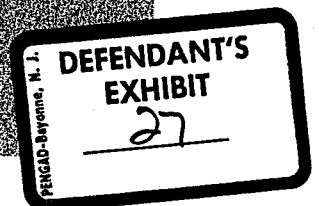
PHYSICAL: Med. Build
506 120-30lbs
braided hair
dark eyes
glasses

DRESS: beige sweater

CRIME: Theft

LOCATION: Hancock Fabrics
923 E. Park Row Dr.
Arlington, Texas
973380369

DATE: Dec. 4, '97 1530hrs



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Defendant's Exhibit Number 28

File Composite

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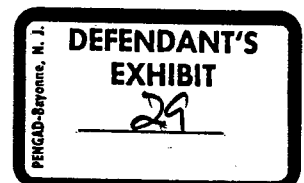
Defendant's Exhibit Number 29

File Composite

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973470553



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Defendant's Exhibit Number 30

File Composite

(Copy attached)

Pantego Police Department

SUSPECT

WANTED FOR

Aggravated Assault

Contact Det. S. Blackney 2742511 or

CRIME STOPPERS 469-TIPS



SUSPECT: B/M 30-35yoa

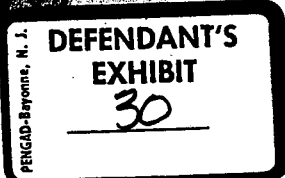
PHYSICAL: slim build
5'10" 170
dark eyes
matted beard

DRESS: blue jeans
dark jacket
dark watch cap

CRIME: Agg. Assault

LOCATION: Great Am. Car Wash
2290 W. Hwy 303
Pantego, Texas
971225116

DATE: December 8, 1997



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Defendant's Exhibit Number 31

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Attempted Kidnapping

Contact Det. D. Nutt 459-5303 or
CRIME STOPPERS 469-TIPS



SUSPECT: B/M 30-35yoa

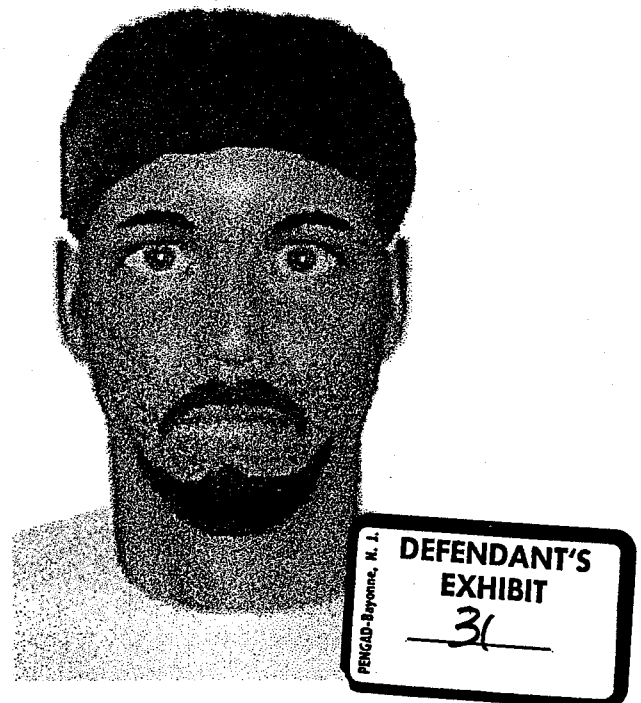
PHYSICAL: slim build
5'10" 140-50lbs
short dark hair
dark eyes
goatee mustache

DRESS: black pants
wht tee shirt
dark hat backwards

CRIME: Attempt. Kidnapping

LOCATION: Timbercreek Apts
6521 Timbercreek
Arlington, Texas
973280399

DATE: November 24, 1997 1614hr



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Defendant's Exhibit Number 32

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Aggravated Sexual Assault
Contact Det. D. Ligon 459-5303 or
CRIME STOPPERS 469-TIPS



SUSPECT: B/M 30's named "Tito"

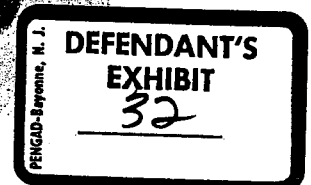
PHYSICAL: med build
5'10" 165lbs
short shaved hair
dark eyes
thin mustache

DRESS: blue jeans
wht tee shirt

CRIME: Agg. Sexual Asslt.

LOCATION: Peep N Toms
2925 E. Abrams
Arlington, Texas
972990076

DATE: Oct 25, 1997



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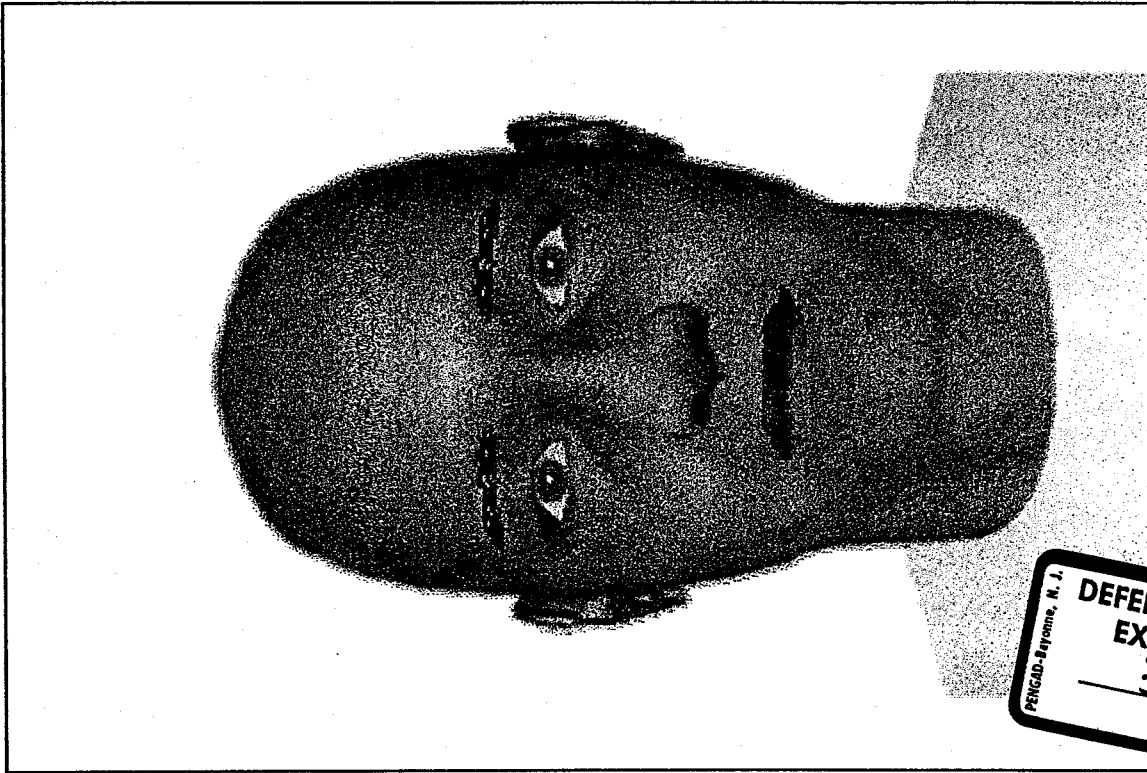
Defendant's Exhibit Number 33

File Composite

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Arlington Police Department

FOR LAW ENFORCEMENT USE ONLY



PENGAD-Bygone, N. J.
DEFENDANT'S
EXHIBIT
33

Suspect Name:

SUSPECT A

Suspect Description:

B/M 6' 165-70 lbs, slim build, 25-30 yoa.
Suspect dressed in womens clothing and
long black womans wig.

Additional Information:

Case Number:

972830480

Case Name:

972830480

Type of Crime:

Robbery

Date and Time of Crime:

October 10, 1997

Composite Date:

October 17, 1997

Composite By:

SUPERUSER

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Defendant's Exhibit Number 34

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Aggravated Robbery

Contact Det. D. Nutt 459-5303 or

CRIME STOPPERS 469-TIPS



SUSPECT: B/M 25-30

PHYSICAL: slim build

6' 165lbs

womens dark

dark eyes

red lip stick

DRESS: blue dress

high heels

CRIME: Agg. Robbery

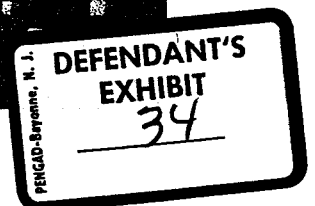
LOCATION: Trader Jims

929 W. Division St.

Arlington, Texas

972830480

DATE: Oct 10, 1997



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Defendant's Exhibit Number 35

File Composite

(Copy attached)

Arlington Police Department SUSPECT

WANTED FOR

Aggravated Robbery

**Contact Det. J. Stanton 459-5303 or
CRIME STOPPERS 469-TIPS**



SUSPECT: B/M 30-35yoa

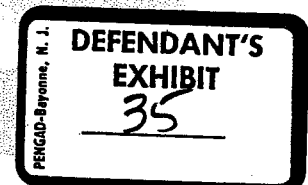
PHYSICAL: slim build
6' 130lbs
short shaved hair
dark eyes
thin goatee mustache

DRESS: black pants
wht tee shirt

CRIME: Agg. Robbery

LOCATION: Holly Park Apts
400 Holly Park Dr.
Arlington, Texas
972840032

DATE: Oct 11, 1997 0045hrs



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Defendant's Exhibit Number 36

File Composite

(Copy attached)

Arlington Police Department

SUSPECT

WANTED FOR

Aggravated Sexual Assault

Contact Det. T. DeShazor 459-5303 or

CRIME STOPPERS 469-TIPS



SUSPECT: Hisp. Male 30's

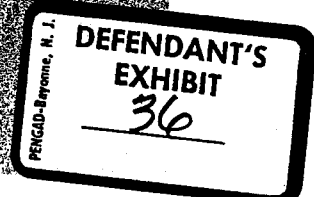
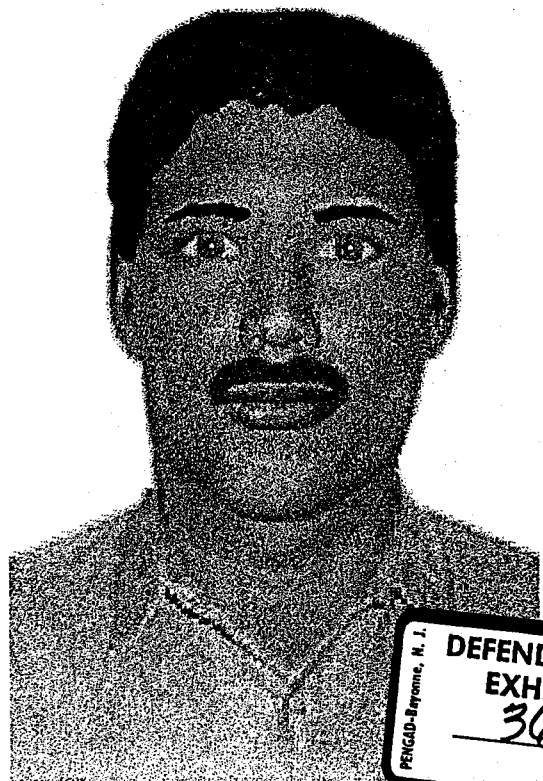
PHYSICAL: thin build
5'7" 150lbs
short hair curly
blu/grn eyes
mustache

DRESS: dickey style pants
and shirt

CRIME: Sexual Assault

LOCATION: Fielder Sq. Apts.
408 N. Fielder Rd.
Arlington, Texas
972620535

DATE: Sept. 17, 1997

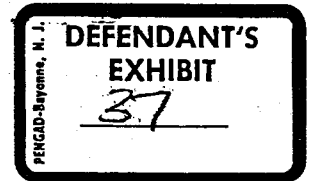


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Defendant's Exhibit Number 37

Dr. Peek Vita

(Copy attached)



VITA

LEON ASHLEY PEEK, PH.D.

May 2000

BIOGRAPHICAL DATA

Offices: 207 West Hickory Street, Suite 310, Denton, Texas 75201
940/382-1957, Fax 940/591-0644

Dispute Resolution Graduate Program
Southern Methodist University
SMU-in-Legacy, 5236 Tennyson Parkway, Plano, Texas 75024-3541
972/473-3435

Born: DeLand, Florida - March 31, 1945

Social Security Number: 229-58-9038

EDUCATION

B.S.	Psychology	Virginia Commonwealth University 1970
M.S.	Clinical Psychology	Virginia Commonwealth University 1973
Ph.D.	Psychology	Virginia Commonwealth University 1976

PROFESSIONAL EXPERIENCE

Licensed to practice psychology in Texas 1976 to present.

1970-73 Virginia Commonwealth University:
Graduate Teaching and Research Assistant

1973-74 Medical College of Virginia:
Fellow and Research Associate, Supportive Therapy Group
Department of Medicine

- 1974-91 University of North Texas:
Assistant Professor of Psychology (1974-80)
Tenured 1980
Associate Professor of Psychology (1980-91)
Teaching areas: Child and adult assessment, statistics
Director, Behavioral Medicine Program
- 1977- Private consulting practice of psychology:
Families and children
Forensic consulting: primarily family law
Dispute resolution psychology
Rehabilitation and Neuropsychology
Jury research and consultation
- 1982- McCarron-Dial Systems, Dallas, Texas:
Consultant and trainer for work evaluation and
neuropsychology workshops for adults and children,
develop neuropsychological and rehabilitation tests
- 1985-87 North Texas Back Institute, Plano, Texas:
Director of Behavioral Medicine Psychology
- 1985-93 Wilmington Institute of Trial and Settlement Science:
Director of Research, Product and services development
Consultant
- 1987- Baylor College of Dentistry:
Lecturer in Behavioral Medicine Psychology
- 1999- Southern Methodist University
Lecturer, Dispute Resolution

PROFESSIONAL AFFILIATIONS

Psi Chi Honorary Fraternity
American Psychological Association
American Psychological Society, Charter Member
Fellow, American Board of Medical Psychotherapy
Fellow, American Board of Forensic Examiners (Psychology)
Diplomate, American Board of Medical Examiners (Neuropsychology)
Southwestern Psychological Society
Texas Psychological Association
North Texas Psychotherapy Association; President 1989
Selwyn School, Board of Directors, Pre-K - 12, 1979-1990.

WORKSHOPS GIVEN AND PRESENTATIONS MADE

Life history antecedents in drug users. Southeastern Psychological Association, 1973.

Expectancy, false physiological feedback and desensitization in the treatment of social anxiety. Southwestern Psychological Association, 1977.

Approaches to learning disabilities: an invited address. Las Conferencias sobre Problemas de Aprendizaje, DIF, Jalisco, Mexico, 1978.

Ecological and behavioral medicine conference, Dallas, Texas, 1979.

Work evaluation assessment: Adults and at-risk children. A workshop presented to: Goodwill Industries, Inc., Milwaukee WI, 1984. East Central Oklahoma University, Tulsa OK, 1984. Association for Retarded Citizens, Peoria IL, 1984. Hope Haven School, Rock Valley IW, 1984.

Treatment of dysmenorrhea: A workshop. Society of Behavioral Medicine, 1984.

Behavioral Medicine Training at North Texas State University. Society of Behavioral Medicine, 1984.

Rehabilitation evaluation. A workshop concerning the neuropsychological assessment of retarded and demented adults and children presented to the Department of Occupational Therapy, University of Miami, Miami, Florida, 1985; to Association for Retarded Citizens, Staten Island, New York, 1986; to Texas Back Institute, Plano, Texas, 1986; to Thresholds, Chicago, Illinois, 1987; Williamston, N.C., School District, 1987; Region V Educational Services Center, Paris, Texas 1988.

Neuropsychological Test Administration. A workshop presented to the Northeast Independent School District, San Antonio, Texas, 1987.

Psychology of Dispute Resolution. Symposium at the Annual Convention of the Texas Psychological Association, San Antonio, Texas, 1987.

Alternate Dispute Resolution. Symposium at the Annual Convention of the Texas Psychological Association, Austin, Texas, 1988.

Trial Science. Young Lawyers Association Continuing Legal Education Series, San Antonio, Texas 1990.

Jury Selection. State Bar of Texas Continuing Legal Education Series, Midland, Texas, 1990.

Parenting the Difficult Child. Green Oaks Hospital, Dallas, Texas 1990. Denton Regional Medical Center, Denton, Texas, 1991.

Psychology in the next century. A workshop presented at the annual convention of the Texas Psychological Association, November, 1991.

Psychology of death. Campus Ministry of Denton, University of North Texas, 1991.

Stress management. Church Secretaries Association convention, October, 1991.

Child development in mediation. Dallas/Fort Worth Law School, January, 1992.

What is best for the child in divorce. Dallas/Fort Worth Law School, January, 1992.

Trial and settlement psychology. Texas Psychological Association, Dallas TX, 1992.

Limiting exposure to large jury verdicts and punitive damages. Chubb Insurance Companies continuing education, 1993.

Interviewing the client. Greater Denton Legal Assistants Association, Denton TX, 1993.

How to tell the truth effectively. Presentation to the Advanced Litigation Support Seminar. Kenneth Leventhal & Company. April, 1993.

Stress and Grief. Presentation to the Compassionate Friends, Denton, Texas 4/28/94.

Falling through the Cracks: Child Abuse. Presentation at Charter Grapevine Behavioral Health, November, 1994.

Assessing the Assessor: Child Abuse Interviewing. Presentation at Charter Grapevine Behavioral Health, January, 1995.

Juvenile Sex Offender. Presentation to East Texas State University, Commerce, Texas, August 3, 1995.

Child Custody Assessment: A Comparison of Four Empirical Approaches. Presentation to the Convention of the American Psychological Association, New York, August 8, 1995.

Sexual Violations Training Seminar. Health Professions Council, State of Texas, Austin, Texas, 3 March 1996.

Psychological factors. Texas State Convention, Huntington's Disease Society of America, Arlington, TX, May 1996.

Masters on Jury Selection, Invited participation. American Board of Trial Advocates, Dallas, Texas, August 1999.

Avoiding a lawsuit: How to practice legally and safely, Invited presentation. Denton Area Psychotherapists' Association, October, 1999.

Focus Group Outlines. Psychology of Juries and Witnesses seminar, Wilmington Institute, Dallas, Texas, March 2000.

PUBLICATIONS

Custody Quotient: Research Edition. A psychological assessment instrument for evaluation of child custody decisions. Dallas, TX: Wilmington Institute, 1987. *Manual for the Custody Quotient: Research Edition*. Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

Mental Health Check-Up - Adult, 2nd ed. A psychological assessment instrument. Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

Mental Health Check-Up - Child, 2nd ed. A psychological assessment instrument. Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

- Custody Quotient: National Research Edition*. A revision of the 1987 edition extended to reflect the family law in the 50 USA states. Dallas, TX: Wilmington Institute, 1988.
- Manual for the Custody Quotient: National Research Edition*. Dallas, TX: Wilmington Institute, 1988. (with Gordon, R.)
- Custody Quotient Manual*, 1989 Edition. Dallas, TX: Wilmington Institute, 1989 (with Gordon, R.).
- SSSQ Reports (An article in a book). *Street Survival Skills Questionnaire Manual*. Dallas: Common Market Press, 1983.
- SSSQ Computer Report* (A report generating computer program for the Street Survival Skills Questionnaire). Dallas: McCarron-Dial Systems, 1983. (With Dial, J., & McCarron, L.)
- Insomnia in Cancer Patients: Muscle relaxation treatment. *Journal of Behavioral Therapy and Experimental Psychiatry*, 1983, 14 (#3, September). (with Cannicci, J.)
- Testing the null hypothesis: An unstatement. *Multivariate Experimental Clinical Research*, 1979, 4, 133-7. (with Lawlis, G.F.)
- Automobile Safety in Children*. Austin TX: American Academy of Pediatrics, Texas Chapter, 1979. (with Toledo, J.R., Butler, J.R., & Burke, A.)
- Motor vehicle related child deaths: A plea for action. *Resources in Education*, 1978, 10. (with Toledo, J.R., Butler, J.R., & Faherty, J.K.)
- A Possible Etiology for Hyperactivity*, a videotape film. Denton TX: North Texas State University, 1978. (with O'Banion, D.R., & Butler, J.R.)
- Delta-9-tetrahydrocannabinol as an effective anti-depressant and appetite stimulating agent in advanced cancer patients. *Proceedings of the International Conference on the Pharmacology of Cannabis*. Washington DC: National Institute on Drug Abuse, 1974. (with Regelson, W., Butler, J.R., Schulz, J., Kirk, T.A., Green, M.L., & Zalis, M.O.) Reprinted in *The Pharmacology of Marijuana*, Brande, M.C., and Szara, S., eds. New York: Raven Press, 1976.
- Mental Health Check-Up Report*, a computer scoring and report generating program, version 0.1. Dallas, TX: Wilmington Institute, 1989.
- Prison factor profile and related scales. *Proceedings of the American Correctional Association*. Washington DC: American Correctional Association, 1974.

Trial Science Poll. Dallas: Wilmington Institute, 1984-1987.

Individual Trait Analysis Program. Dallas: McCarron-Dial Systems, 1985.

PMT Report Program. Dallas: McCarron-Dial Systems, 1993.

Forensic Psychology at the Turn of the Century. *Forensic Psychology for the Journeyman Clinician.* Austin, TX.: Texas Psychological Foundation, 1991.

Advances in Child Custody and Child Abuse Evaluations. *Families and Children Reporter*, 1994 (March), Whole Number 1.

New: Custody Evaluation Guidelines of the American Psychological Association. *Families and Children Reporter*, 1994 (July), Whole Number 3.

RESEARCH GRANTS

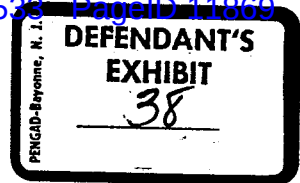
Children's traffic safety. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1977, \$94,000. (Co-investigator)

Infant restraint evaluation. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1978, \$69,000. (Co-investigator)

Infant restraint training workshops. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1979, \$54,000. (Co-investigator)

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Defendant's Exhibit Number 38
Affidavit of No Disciplinary Records
(Copy attached)



STATE OF TEXAS

COUNTY OF WALKER

AFFIDAVIT OF NO DISCIPLINARY RECORDS

RECORDS PERTAINING TO JEDIDIAH ISAAC MURPHY, TDC #687358

I, M. B. Thaler, HEREBY CERTIFY THAT I AM THE Record Clerk of the Texas Department of Criminal Justice-Institutional Division, a penal institution of the State of Texas, situated in the County and State aforesaid. That in my legal Custody as such officer are the original files and records of person heretofore committed to said institution. Our regulations and/or official procedures state that our records are kept in the regular course of business, at the office of the above for an employee or representative, with personal knowledge of the act, event or condition, opinion or diagnosis recorded to make memorandum or record or to transmit information to be included in such memorandum or record; and our memorandum or records are made at or near the time of the act, event or condition recorded or reasonably soon thereafter.

After a thorough search of files and information provided we cannot locate any disciplinary records on the above named individual/subject. There are no disciplinary records found at TDCJ-ID for Jedidiah Isaac Murphy, TDC # 687358 because The subject committed no disciplinary infractions while confined as TDCJ-ID # 687358. The Disciplinary record initially submitted with Murphy's records relate to inmate Karim, El-Amin TDCJ-ID # 687358 and while filed in error with Murphy's records, are in no way a reflection of Murphy's Disciplinary History.

IN WITNESS WHEREOF, I have hereunto set my hand seal this 12 day of June, 2001.

Record Clerk

Seal
TDCJ-ID

The director shall certify under the seal of the institutional division the documents received under Subsections (a) and (c) of Article 42.09 of the Texas Code of Criminal Procedure. A document certified under this subsection is self-authenticated for the purposes of Rules 901 and 902, Texas Rules of Criminal Evidence.

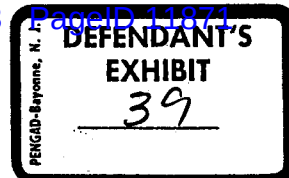
Article 42.09, Subsection 8(b) as amended by S.B. 1067, Acts 1993, 73d Legislature.

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Defendant's Exhibit Number 39

Dr. Kessner Vita

(Copy attached)



PO Box 224812 • Dallas, Texas 75222-4812
Phone: 214/468-8880 • Fax: 214/468-8881

EDUCATION

Doctor of Psychology, Clinical Psychology, 1996, Baylor University, Waco, Texas (APA accredited)
M.S., Human Relations and Business, 1987, Amber University, Dallas Texas
B.S., Social Work, 1974, Abilene Christian University, Abilene, Texas

LICENSED PSYCHOLOGIST (Texas No. 26886)

CURRENT PRACTICE

Clinical Psychologist - Private Practice
(Dallas, Texas) July 1998 - present

General and forensic psychology consultation services to public agencies and private clients. Services offered include:

- Adult criminal forensic psychological evaluations and consultations
- Forensic psychological evaluations for county juvenile systems
- Psychological consultation and training for schools
- Pre-employment evaluations and staff development for law enforcement agencies
- General forensic psychology consultations

EXPERIENCE

Director of Treatment - Correctional Services Corporation - Dallas Youth Academy
(Dallas, Texas) August 1998 - March 1999

Directed the implementation of a treatment program (Dallas County Model) for court-ordered juvenile offenders. Responsibilities included:

- Hiring and supervision of clinical staff
- Development of policies and procedures for the program
- Training of direct care staff
- Expert witness testimony
- Consulted with attorneys and county juvenile administrators regarding treatment recommendations
- Provision of direct clinical service

Coordinator - Detention Center Psychology Services - Dallas County Juvenile Services
(Dallas, Texas) November 1997 - June 1998

Developed and coordinated psychotherapeutic services for detained juvenile offenders, including design and management of a pilot project for treatment and rehabilitation of juveniles with significant criminal histories. Project approved by Dallas County Juvenile Board and Dallas County Commissioners for full implementation.

- Chaired teams of administrators, detention managers and probation officers to review progress of youths in pilot-project

GILDA KESSNER, Psy.D.

Page 2

- Wrote manuals and designed treatment materials for pilot program
- Made recommendations regarding staffing of pilot program
- Consulted with attorneys, administrators and probation officers on juveniles' mental status and treatment recommendations
- Conducted psychological evaluations for pre-adjudication disposition planning by the courts
- Provided expert witness testimony
- Participated in multi-agency planning and treatment team meetings for complex multi-jurisdiction cases
- Supervised and trained masters level staff, detention staff and doctoral and masters psychology trainees

Associate Clinical Psychologist IV - Texas Youth Commission

(San Saba State School, San Saba, Texas and Hamilton State School, Bryan, Texas) September 1996 - October 1997

Developed and provided a range of consulting and psychological services in maximum-security juvenile prison system. Was instrumental in establishing psychology department in start-up of Texas' largest juvenile prison.

- Designed protocol used to review status of youths entering and exiting the Hamilton facility
- Served on team that reviewed case histories and determined treatment needs for juveniles admitted to the facility
- Advised management on personnel issues and interviewed professional applicants
- Psychological evaluations of adolescent male offenders
- Developed specialized management programs
- Made pre-release recommendations
- Rotated as Active Duty Officer (management responsibility) of San Saba facility
- Provided staff development and clinical supervision of caseworkers and Juvenile Correctional Officers

Psychology Doctoral Intern - Arkansas Division of Mental Health Services

(Little Rock, Arkansas) August 1995 - August 1996

Completed American Psychological Association accredited pre-doctoral internship by serving rotations in six clinical settings:

1. **Arkansas State Hospital, Forensic Services, Two Rotations:** Conducted court-ordered psychological evaluations of forensic inpatients to address questions of competency and criminal responsibility. Provided clinical supervision. Provided individual and group psychotherapy with patients acquitted by reason of mental illness or defect.
2. **Arkansas State Hospital, Acute Inpatient Rotation:** Designed and managed specialized programs for patients with extensive histories of inpatient treatment and community placement disruption. Presented proposal for specialized programs to hospital administration, professional staff and representatives of participating community agencies. Trained staff for implementation of specialized treatment programs. Conducted psychological evaluations of patients with acute and chronic mental illness.
3. **University of Arkansas for Medical Sciences, Arkansas Cancer Research Center, Behavioral Medicine Rotation:** Consulted with physicians and treatment teams, primarily on Bone Marrow Transplant inpatient unit, regarding psychological issues and advance directives (withholding or withdrawal of life-sustaining treatment). Conducted psychological evaluations of gestational surrogate and egg donor candidates.

GILDA KESSNER, Psy.D.

Page 3

4. **Little Rock Community Mental Health Center Rotation:** Served on multi-disciplinary treatment team. Provided short-term and longer-term individual psychotherapy with adults. Conducted psychological evaluations of adults.
5. **Arkansas State Hospital, Adolescent Inpatient Unit Rotation:** Designed and managed the implementation of behavior modification plans. Conducted psychological evaluations and group psychotherapy for patients ages 13-18.
6. **University of Arkansas for Medical Sciences, Child Study Center, Outpatient Clinic Rotation:** Evaluated and provided psychotherapeutic services to children and adolescents (4-18) and families.

Psychology Doctoral Trainee - Baylor University, Clinical Psychology Doctoral Program Practica
(Waco, Texas) July 1992 - July 1995 (APA accredited)

Completed three years of applied doctoral training by serving in three clinical settings:

1. **Department of Veterans Affairs Medical Center, Waco, Texas, July 1994 – July 1995**
Completed clinical practicum of three rotations with patients ranging from WW1 era to Desert Storm veterans, including Posttraumatic Stress Disorder Inpatient and Outpatient Units, Acute Inpatient Psychiatric Unit, Extended Care Unit.
2. **Heart of Texas Mental-Health Mental-Retardation, Outpatient Program, July 1993 - June 1994**
Conducted evaluations of applicants for county law enforcement positions and consulted with county sheriff's department representatives regarding the findings and selections. Conducted intake interviews and psychological assessments of adults in a community mental health setting and presented findings to clinical staff.
3. **Baylor University Counseling Services, July 1992 - June 1993**
Provided crisis intervention and emergency services as well as individual assessment and counseling to university students. Developed and taught course in test anxiety for undergraduate students.

TRAINING PRESENTATIONS

Texas Association of Sex Crimes Investigators

(Fort Worth, Texas) Annual Conference, June 1999, "Juvenile Sex Offenders"

Little Rock Police Department

(Little Rock, Arkansas) Law Enforcement Instructor/Police Recruit Training, 1996, "Police Stress and Suicide"

Association of Threat Assessment Professionals

(Arlington, Texas) Texas Chapter, April 2001, "Assessing Dangerousness from a Psychological Perspective"

TRAINING AND WORKSHOPS ATTENDED

Forensic Discussion Group, 1997-present (monthly), Southern Methodist University, School of Law, Dallas, Texas

First Annual Texas Capital Defense Conference, March 2001, West Columbia, Texas

Contemporary Issues in Forensic Psychology, American Academy of Forensic Psychology, February 2001, San Antonio, Texas

Homicide and Sexual Violence Seminar, Texas Police Association, October 2000, Weslaco, Texas

GILDA KESSNER, Psy.D.

Page 4

Advanced Criminal Law Course, State Bar of Texas, July 2000, San Antonio, Texas
Assessing Psychopathy: Clinical and Forensic Applications of the Hare Psychopathy Checklist – Revised (PCL-R), April 2000, Dallas, Texas
School Violence Prevention, March 2000, Dallas, Texas
Texas Association of Sex Crimes Investigators Annual Spring Conference, February 29 – March 2, 2000, Fort Worth, Texas
A Closer Look: Mental Health Issues in Criminal Cases, December 1999, Austin, Texas
Forensic Psychology Workshop, Assessment of Sex Offenders, October 1999, Sam Houston State University, Huntsville, Texas
False Allegations and Pedophiles, June 1999, Fort Worth, Texas
Psychosocial and Behavioral Health in Geriatric Settings, May 1999, Dallas, Texas
Dual and Multiple Addictions, February 1999, Arlington, Texas
Sexually Violent Offender and Advanced Sexual Offender Profiler Course, October 1998, Fort Worth, Texas
Forensic Psychology Workshop, Evaluating Criminal Competencies and Criminal Responsibility, May 1998, Sam Houston State University, Huntsville, Texas
Risk Assessment of Sexual Offenders, March 1998, Dallas, Texas
Hare Psychopathy Checklist - Revised, Inter-rater Training, August 1997, Federal Bureau of Prisons, Bastrop, Texas
Introduction to the Early Memories Procedure, June 1997, Federal Bureau of Prisons, Bastrop, Texas
The Clinical and Forensic Use of the Hare Psychopathy Checklist-Revised, May 1997, Federal Bureau of Prisons, Bastrop, Texas
Violence and Criminality: A Gathering of Leading Experts, August 1996, San Diego, California
Sixth Annual Texas Forensic Mental Health Conference, April 1996, Vernon State Hospital, Vernon, Texas
Third Annual Arkansas Forensic Conference, March 1996, North Little Rock, Arkansas
Contemporary Issues in Forensic Psychology, February 1996, San Antonio, Texas
Forensic Certification Training, November 1995, Little Rock, Arkansas
Alternative Dispute Resolution/Mediator Training, Fall 1994, Texas Wesleyan University, School of Law, Irving, Texas

PROFESSIONAL ASSOCIATION MEMBERSHIPS

American Psychological Association
Texas Psychological Association
Texas Association of Sex Crimes Investigators
Texas Police Association

REFERENCES

Available Upon Request

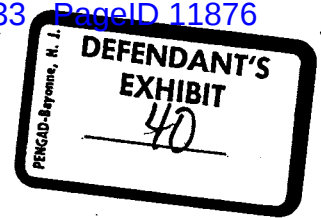
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Defendant's Exhibit Number 40

Dr. Crowder Vita

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SOUTHWESTERN
THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS



J. Douglas Crowder, M.D.
Assistant Professor
General and Forensic Psychiatry

Department of Psychiatry

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Jaye Douglas Crowder, M.D.

Home Address: 7120 Pleasant View
Dallas, Texas 75231

Home Telephone: 214-341-3781

Date of Birth: January 26, 1955

Marital Status: Married

Social Security Number: 459-19-9727

Office Address: 5323 Harry Hines
Dallas, Texas 75390-9070

Office Telephone: 214-648-7398

LICENSURE AND CERTIFICATION

Texas 1980	License #F6551
Virginia 1984	License #0101037538
Certified 1988	American Board of Psychiatry and Neurology (psychiatry)
Certified 1998	American Board of Psychiatry and Neurology- Added Qualifications in Forensic Psychiatry

PROFESSIONAL TRAINING

1973-1976	Bachelor of Science - Pre Medical Science, Summa Cum Laude Abilene Christian University, Abilene, Texas
1976-1980	Doctor of Medicine, University of Texas Southwestern Medical Center, Dallas, Texas

1980-1984	Residency in Adult Psychiatry, University of Texas Southwestern Medical Center; Dallas, Texas
1984-1985	Fellowship in Forensic Psychiatry, University of Virginia; Charlottesville, Virginia

UNDERGRADUATE ACTIVITIES/HONORS

Alpha Chi National Honor Society
Blue Key National Honor Society
Robert A. Welch Undergraduate Research Fellow-Chemistry
Abilene Christian University Student Advisory Board

MEDICAL SCHOOL ACTIVITIES

Student Handbook Committee
Senior Film Committee
Preceptorship: Urban/Inner-City Medicine

ACTIVITIES IN RESIDENCY

Resident Representative to Texas Psychiatric Society (1982-1983)
Resident Videotape Committee
Discussion Group Leader: Freshman and Sophomore Medical Student Psychiatry Course
Lecturer: Junior Medical Student Psychiatry Course
Chief Resident: 1983-1984

ACADEMIC APPOINTMENTS

Instructor of Psychiatry, University of Texas Southwestern Medical Center, 7/85-8/86
Assistant Professor of Psychiatry, University of Texas Southwestern Medical Center, Dallas, Texas, 1986-
Assistant Psychiatric Residency Training Director, University of Texas Southwestern Medical School, 1994-

CLINICAL POSITIONS

General Psychiatric Treatment and Consultation: Psychotherapy and Pharmacotherapy, University of Texas Southwestern Medical Center, Dallas, Texas, 1985-
Attending Physician, Psychiatric Consultation/Liaison Service, Parkland Memorial Hospital, Dallas, Texas, 1986-

OTHER PROFESSIONAL EXPERIENCE

Consultant to Dallas Pilot Home Project 1982-1984
Consultant to Human Potential Center 1982-1984
Consultant to North Texas State University, Department of Testing
and Counseling Psychology 1982-1984
Staff Psychiatrist, Dallas County Mental Diagnostic Center 1985-1986
Consultant to Dallas County Jail (Inmate Treatment) 1986-1987
Consultant to U.S. Secret Service Intelligence Division, Washington D.C. 1986-
Consultant to the Cedars Hospital-Peer Quality Assurance Reviewer 1989-1991
Psychiatry Faculty Senate Representative-University of Texas Southwestern Medical
School 1989-1990
Psychiatry Quality Assurance Committee-Zale Lipsy
University Hospital 1989-1994
Texas Society of Psychiatric Physicians Forensic Psychiatry Committee 1992-
Liaison to other medical specialties committee, Texas Society of Psychiatric Physicians 1993
Reviewer: Philosophy, Psychiatry and Psychology 1994
Dallas Bar Association Mental Health Law Project 1995
Chairman of Dallas County Jail Mental Health Treatment Task Force, 1998-1999

PROFESSIONAL MEMBERSHIPS

American Academy of Psychiatry and the Law
American Association of Directors of Forensic Psychiatric Fellowships
American Medical Association
Texas Society of Psychiatric Physicians

HONORS AND AWARDS

Outstanding Contribution to Medical Student Teaching,
U.T.S.M.C., Department of Psychiatry 6/14/94
PGY IV, Teacher of the Year, U.T.S.M.C., Department of Psychiatry 1995-96
PGY IV, Teacher of the Year, U.T.S.M.C., Department of Psychiatry 1996-97
PGY IV, Teacher of the Year, U.T.S.M.C., Department of Psychiatry 1998-99
Nancy C.A. Roeske, M.D. Certificate of Excellence in Medical Student Education, 1999
2000 Fellow of the American Psychiatric Association

PRESENTATIONS/LECTURES

Lecture for the American Arbitration Association
Labor-Management Conference: "Who is telling the truth?"
Dallas, Texas 3/10/89

Co-Presentor: American Academy of Psychiatry and The Law
Annual Meeting: "Exorcism, Death, and the Criminal Law", San Diego, CA 10/27/90
Lecture to the Collin County, Texas District Attorney's office
personnel: "Capital Murder." 2/8/91
Workplace Violence: Zero Tolerance for Violence, Dallas, Texas 5/9/98
Forensic Psychiatric Aspects of Child Sexual Abuse, For U.S. Air Force Sheppard Air Force
Base Wichita Falls 4/29/99
Sex Offenders: Background, Mind, Detection and Treatment for Parkland Health and Hospital
System Nursing Service, Dallas, Texas 9/23/99
Capacity: The Medical Perspective for Texas State Bar, 2/7/01

PUBLICATIONS

JOURNALS

- Hutchinson, B.; Sample, S.; Thompson, L.; Olbricht, S.; Crowder, J.;
Hurley, D.; Eversdyk, D.; Jeff, D. and Bostick, 3.:
The Preparation and Characterization of Transition Metal Complexes of Cyclic Hydroxamic
Acids. Inorganica Chimica Acta 74:29-38, 1983.
- Weiner, M.F. and Crowder, J.D.: Psychotherapy and cognitive style.
American Journal of Psychotherapy 40:17-25, 1986.
- Weiner, M.F.; Sadler, J.; Fenton, B.; Fitzpatrick, M.; Crowder, J.D.: A Very
Modest Proposal for 1990's C/L Psychiatry. General Hospital Psychiatry, 11:231-234, 1989.
- Altshuler, K.Z.; Crowder, J.D.: Institutional response to inpatient's threats
against the President. Hospital & Community Psychiatry 40(6):647-650, 1989.
- Dietz, P.E.; Matthews, D.B.; Van Duyne, C.; Martell, D.A.; Parry, C.D.H.;
Stewart, T.; Warren, J.; Crowder, J.D.: Threatening and Otherwise
Inappropriate Letters to Hollywood Celebrities. Journal of Forensic Sciences 36(1):
185-209, 1991.
- Crowder, J.D.; Miller, Deborah A.; Sadler, John Z.; Mohl, Paul C.: Self-Directed
Learning in a Psychopathology Course. Academic Psychiatry, 20(2):101-110, 1996.

CHAPTERS

- Rush, A.J.; Fulton, C.; Crowder, J.: Diagnosis and Treatment of the Depressed Patient;
in Guggenheim, F.G.; Wiener, M.F. (Eds) Manual of Psychiatric Consultation and
Emergency Care, pp 5 1-60, Jason Aronson, Inc., N.Y., 1984.

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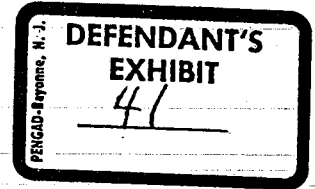
Defendant's Exhibit Number 41

Mary Connell Vita

(Copy attached)

EXHIBIT A

CURRICULUM VITA

**Mary A Connell Ed.D. ABPP**

Board Certified in Forensic Psychology
by the American Board of Professional Psychology

Water Gardens Place, Suite 635
100 East Fifteenth Street
Fort Worth Texas 76102

Tel (817) 334-0035
Fax (817) 334-0297
email mconnell@child-custody.com

PROFESSIONAL QUALIFICATIONS

American Board of Professional Psychology Diplomate in Forensic Psychology, 1996

Licensed and Certified Psychologist, Texas, 1980--present. License Number: 22010 Health Service Provider

Postdoctoral course work: University of Texas at Arlington, Texas Christian University, East Texas State University, 1978--1980

Postdoctoral informal study: Dallas Society for Psychoanalytic Psychology, monthly study meetings, 1984-1990

Doctoral Degree in Student Personnel and Guidance, in-depth Minor in Psychology, East Texas State University, 1978; Doctoral dissertation: *A Delphi Investigation of the Views of Mental Health Professionals Regarding the Future of the American Family and the Psychological Impact of Potential Changes*, 1978

Masters Degree in Counseling Psychology, Southeast Missouri State University, 1971

Bachelors Degree in Psychology, Southeast Missouri State University, 1970

CLINICAL AND FORENSIC PRACTICE

Private Practice of Psychology, Fort Worth, Texas, 1980--present

Practice includes psychological evaluation of individuals from several referral populations, including:

- Parents and children in custody/access court actions, wherein comprehensive assessment is accomplished, generally by way of court order, to assist the Court in making a determination regarding the child(ren)'s best interests. Such forensic assessment is substantially different from general psychodiagnostic evaluation and involves more "investigative" or "fact-finding" activity.
- Individuals who have been charged criminally and whose competency to stand trial or whose

sanity at the time of the alleged crime is in question, in order to obtain psychological assessment information which might be useful to the defense attorney or the trier of fact.

- Litigants involved in personal injury claims or alleged to have been victimized by sexual assault or spousal battery, for whom the emotional effects of the trauma need to be assessed.
- Juveniles who are facing charges for criminal behavior, whose capacity to be tried as an adult is in question, or for whom there is a question regarding competency to stand trial or criminal responsibility.

In addition, the practice includes pre-employment screening for several law enforcement agencies and corporations, as well as assessment of individuals employed by those agencies or corporations who have experienced some difficulty on the job and for whom Human Resources or Internal Affairs has some special interest ("fitness for duty" assessments).

Finally, the practice includes consultation, review of the work of other clinicians, pure expert testimony regarding such issues as parental alienation, credibility of child witnesses, base rates of violence in specific populations, and effects of spousal battery.

EXPERIENCE

Occasional Faculty, Texas Christian University, 1981--1984, teaching undergraduate courses including Abnormal Psychology, Applied Psychology, Child Psychology, Psychology of Men and Women

Consultant, Department of Human Resources, Child Protective Services, 1981--1995, performing psychological evaluations of parents and children, consulting with caseworkers, providing court testimony, and serving as the psychologist consultant for the Permanent Planning Team (1978--1984).

Psychologist, Trinity Valley MHMR (now Tarrant County MHMR Services), Child and Family Services, 1977--1980, providing administrative supervision to staff including Doctoral, Master, and Bachelor level individuals providing psychological services. Service delivery, including evaluation and treatment, to clinic population and to Child Protective Services clients. Grant proposal writing, budget writing and negotiations, and intake and ongoing service provision.

Child Protective Services caseworker and BSW student field placement supervisor, Tarrant County Child Welfare, 1974--1977, providing protective services to abusive and neglectful families.

Psychological Associate, Buckner Marriage and Family Counseling Center, Dallas, Texas, 1971--1972, serving in a clinic setting providing evaluation and treatment for outpatient families as well as children in the residential facility.

PROFESSIONAL ORGANIZATIONS AND ACTIVITIES

Fellow, American Academy of Forensic Psychology

Member, American Psychological Association

Member, Division 41, American Psychology-Law Society

Member, Texas Psychological Association

Legislative Liaison, 1996

Public Information Committee, 1997

Board Member, 1999

Member, Fort Worth Area Psychological Association

President, 1985 and 1998

Member, Tarrant County Bar Association

Member, Association of Family and Conciliation Courts

Member, Dallas Society for Psychoanalytic Psychology, 1985--1991

Member, Advisory Council, Tarrant County Juvenile Board, 1988--1992

Board Member, Dallas Society for Psychoanalytic Psychology, 1986--1987

Professional activities, including:

Review of article submissions for journals

Conduct of research regarding data collected in practice

Training, supervision, peer review activities

Participation in continuing education symposia, seminars, and workshops



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Defendant's Exhibit Number 42

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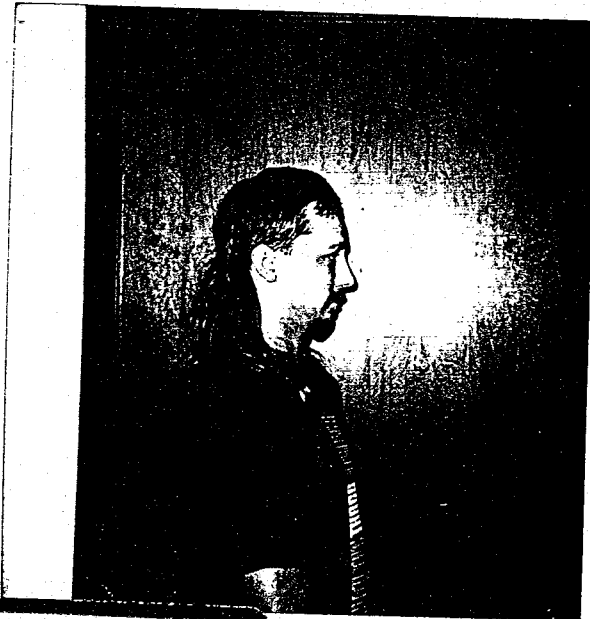
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Defendant's Exhibit Number 43

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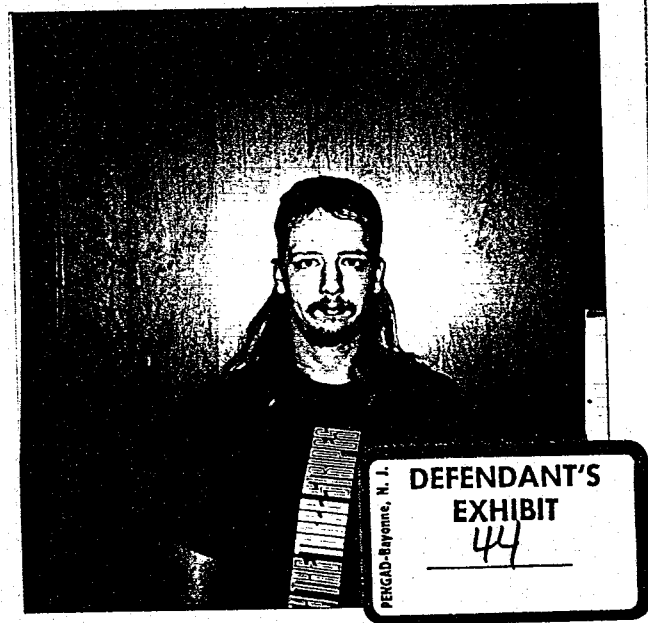
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**DEFENDANT'S
EXHIBIT**
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Defendant's Exhibit Number 44

Polaroid

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John Egbert Warren

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Defendant's Exhibit Number 45

Stipulation

(Copy attached)

CAUSE NO. F00-02424

FILED

STATE OF TEXAS

§

VS.

§

JEDIDIAH MURPHY

§

2001 JUN -1 AM 8:13
IN THE 194TH JUDICIAL
JIM HAMLIN
DISTRICT COURT OF
DALLAS COUNTY, TEXAS
DEPUTY

STIPULATION

TO THE HONORABLE JUDGE OF SAID COURT,

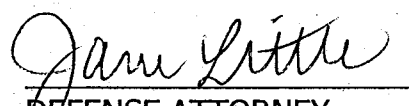
COMES NOW the Defendant, the Defendant's Attorney and the District Attorney and agree to the following stipulation:

On August 26, 1997 in the afternoon, Margie Ellis, a 65 year old woman, was at a Braum's Ice Cream Store in Wichita Falls. A man ran up to her, pushed her down and grabbed her purse. She did not get a look at the person who took her purse, partly because her vision is not very good.

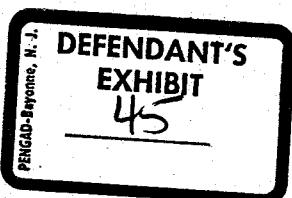
End of Stipulation.

Signed,


DISTRICT ATTORNEY


DEFENSE ATTORNEY


DEFENDANT



STIPULATION

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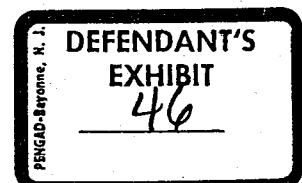
Defendant's Exhibit Number 46

Digital Jail Photograph

(Copy attached)

**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.**

**MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 47

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Digital Jail Photograph

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**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**

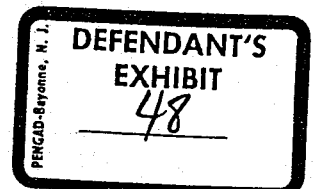


DEFENDANT'S
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Defendant's Exhibit Number 48
Digital Jail Photograph
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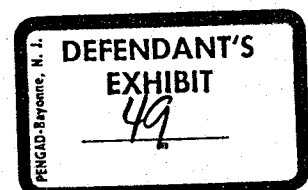
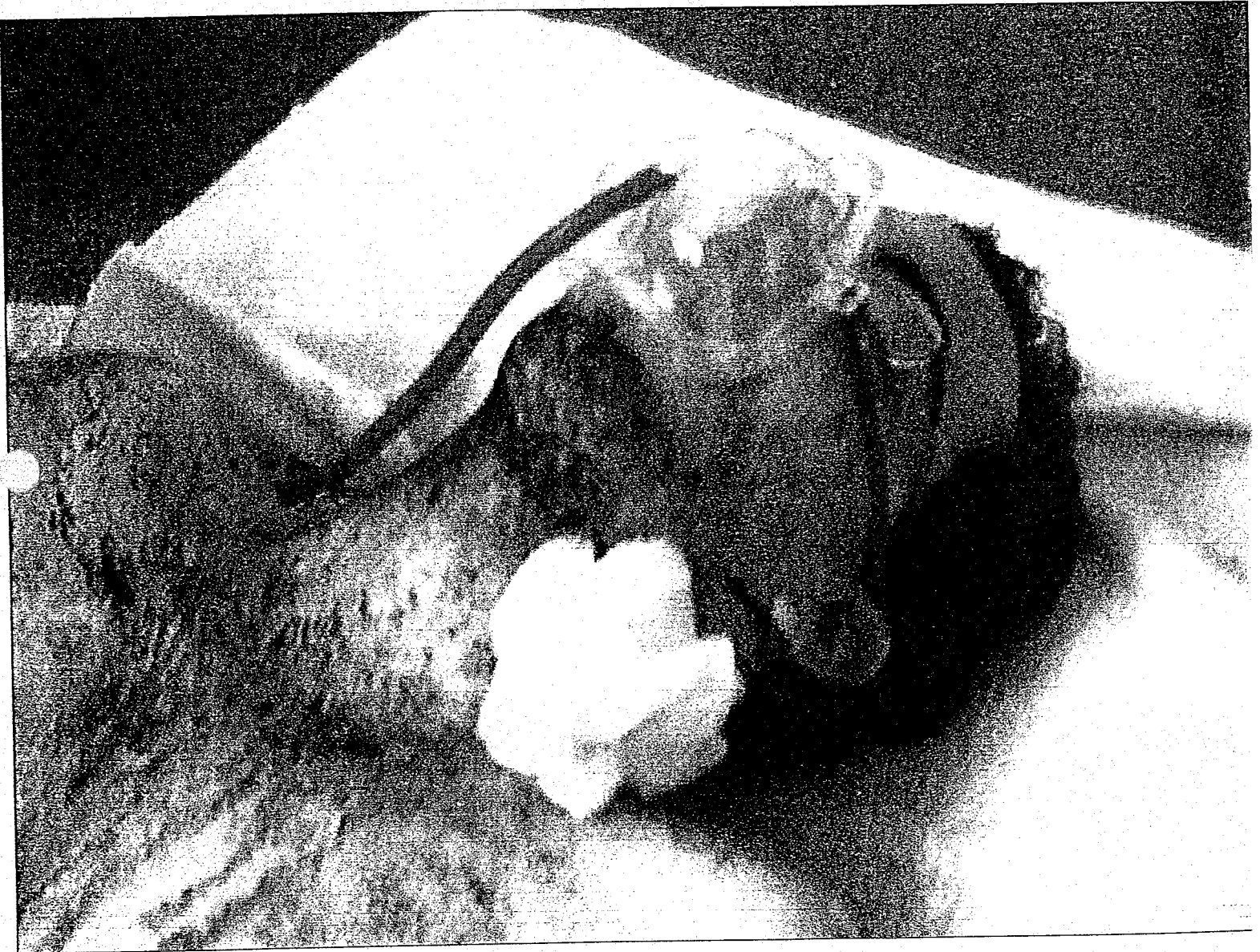
**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 49
Digital Jail Photograph
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**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



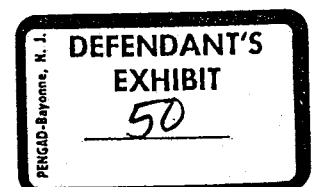
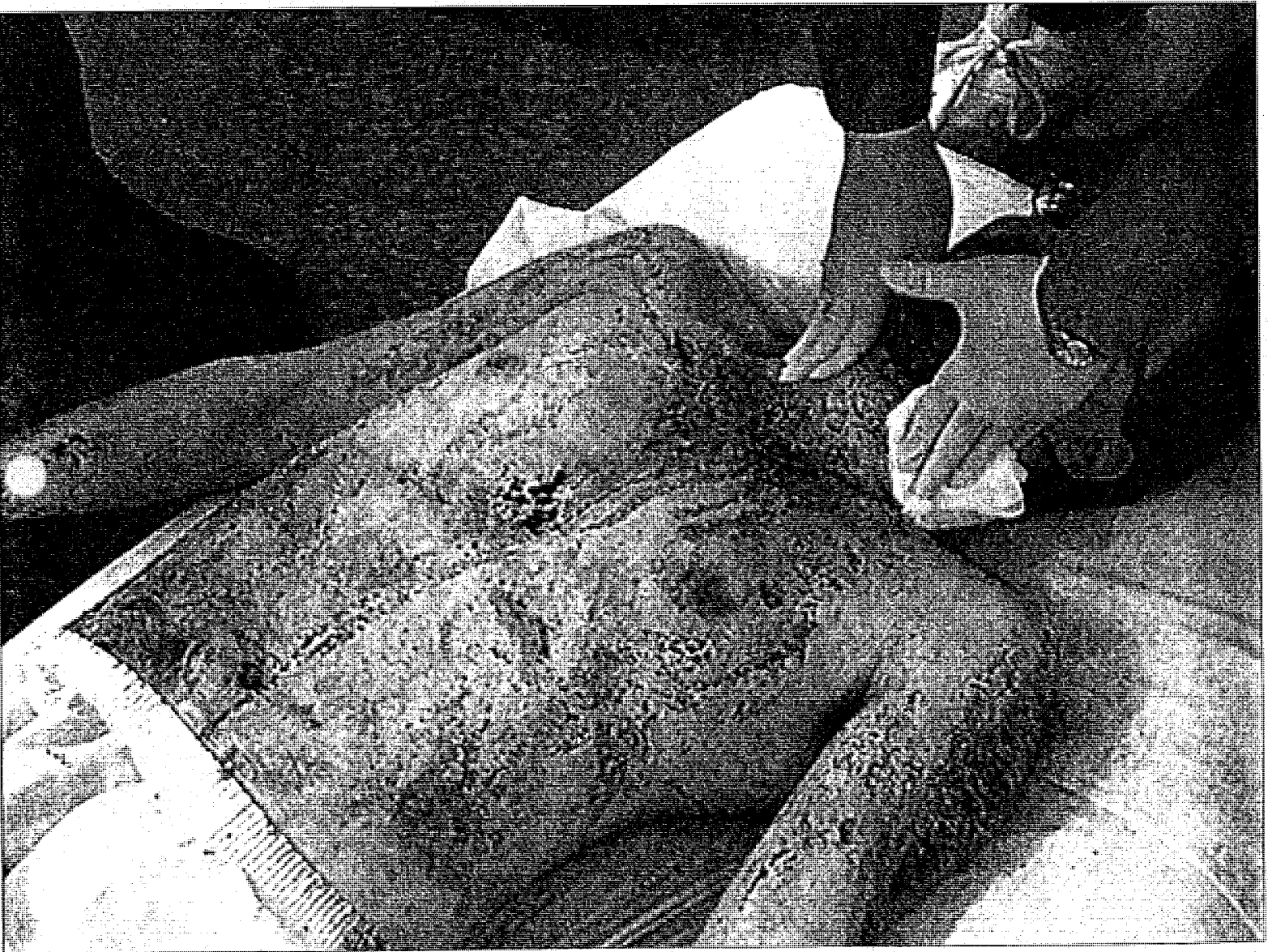
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Defendant's Exhibit Number 50

Digital Jail Photograph

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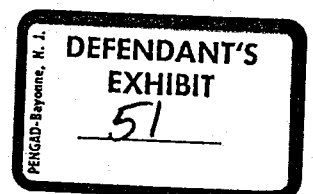
**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 51
Digital Jail Photograph
(Copy attached)

**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



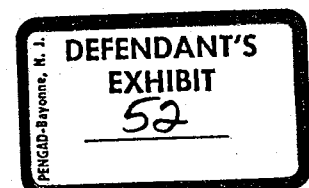
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Defendant's Exhibit Number 52

Digital Jail Photograph

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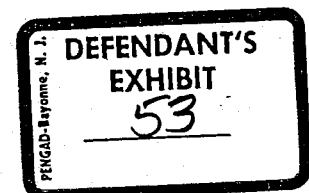
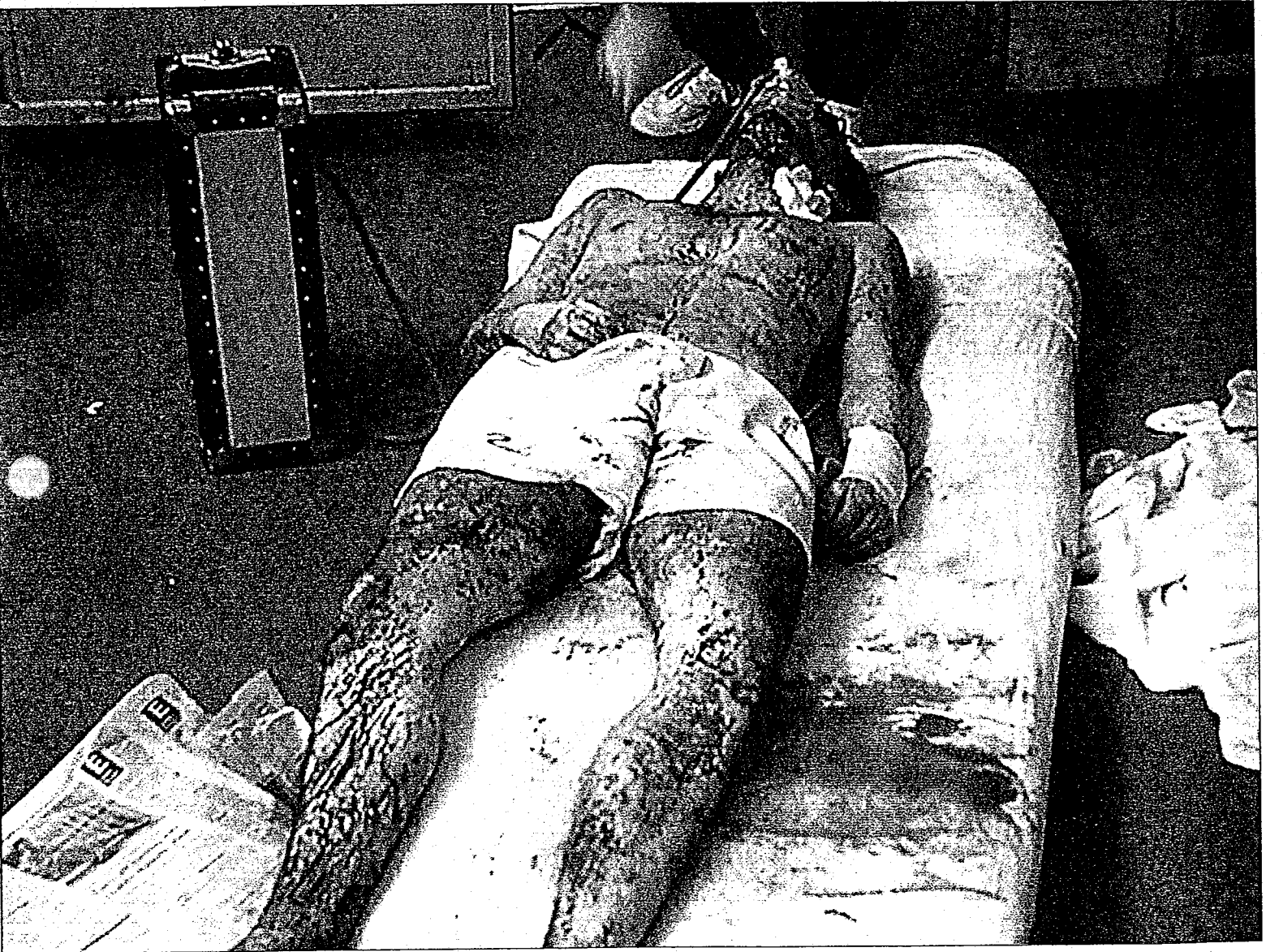
**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 53
Digital Jail Photograph
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**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



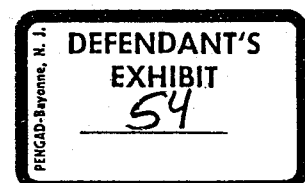
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Defendant's Exhibit Number 54

Digital Jail Photograph

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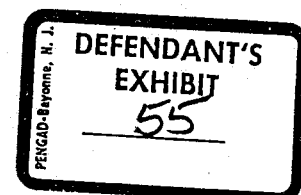
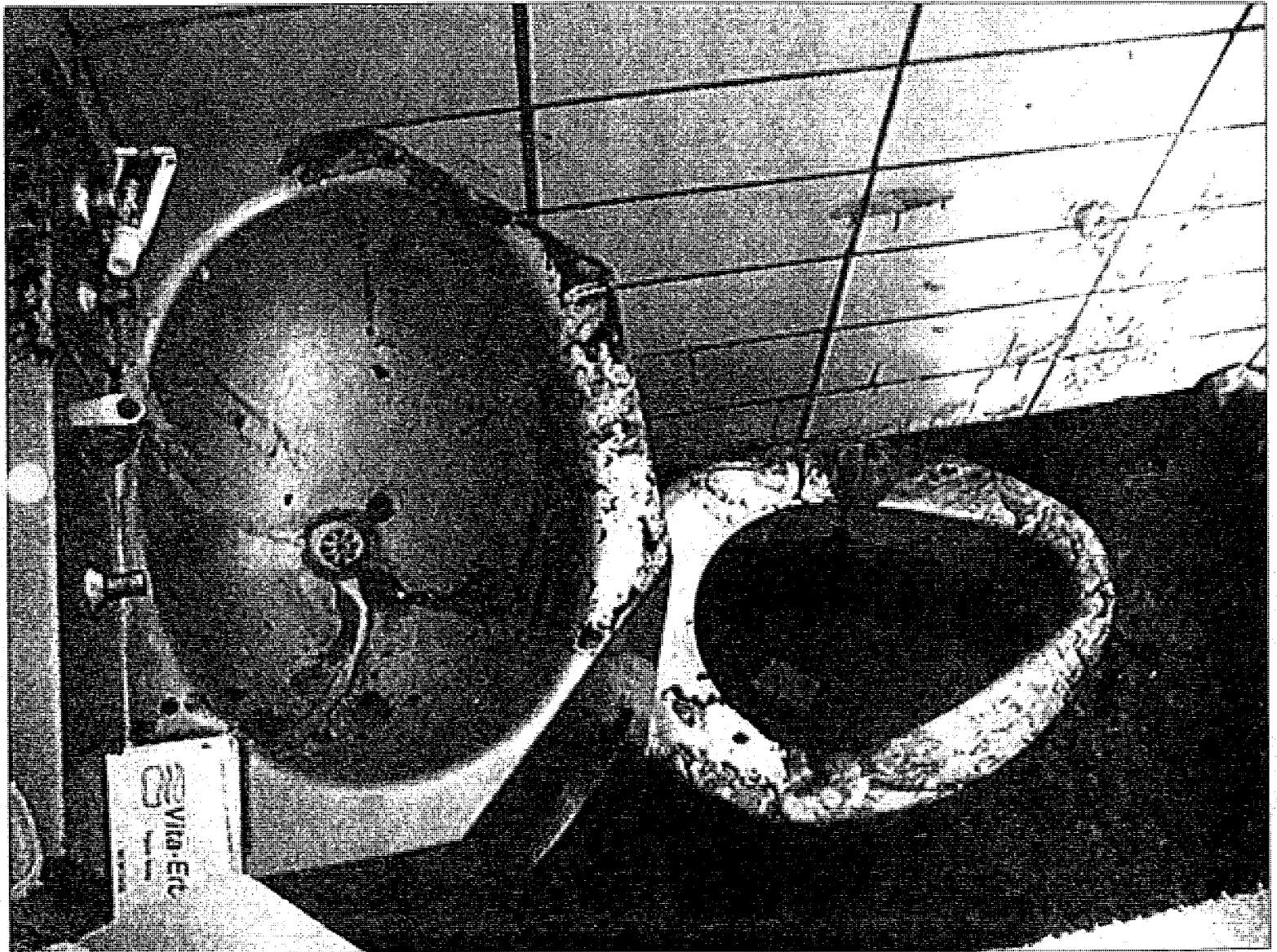
PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745



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Defendant's Exhibit Number 55
Digital Jail Photograph
(Copy attached)

**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.
MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 56

Digital Jail Photograph

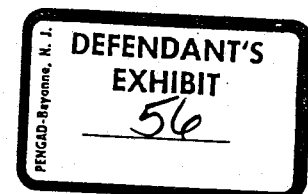
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PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001

AT APPROXIMATELY 10:45 P.M.

MURPHY, JEDIDIAH ISAAC BNO#00089253

DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745



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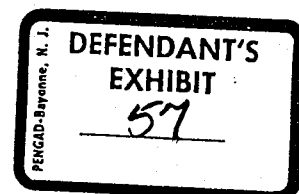
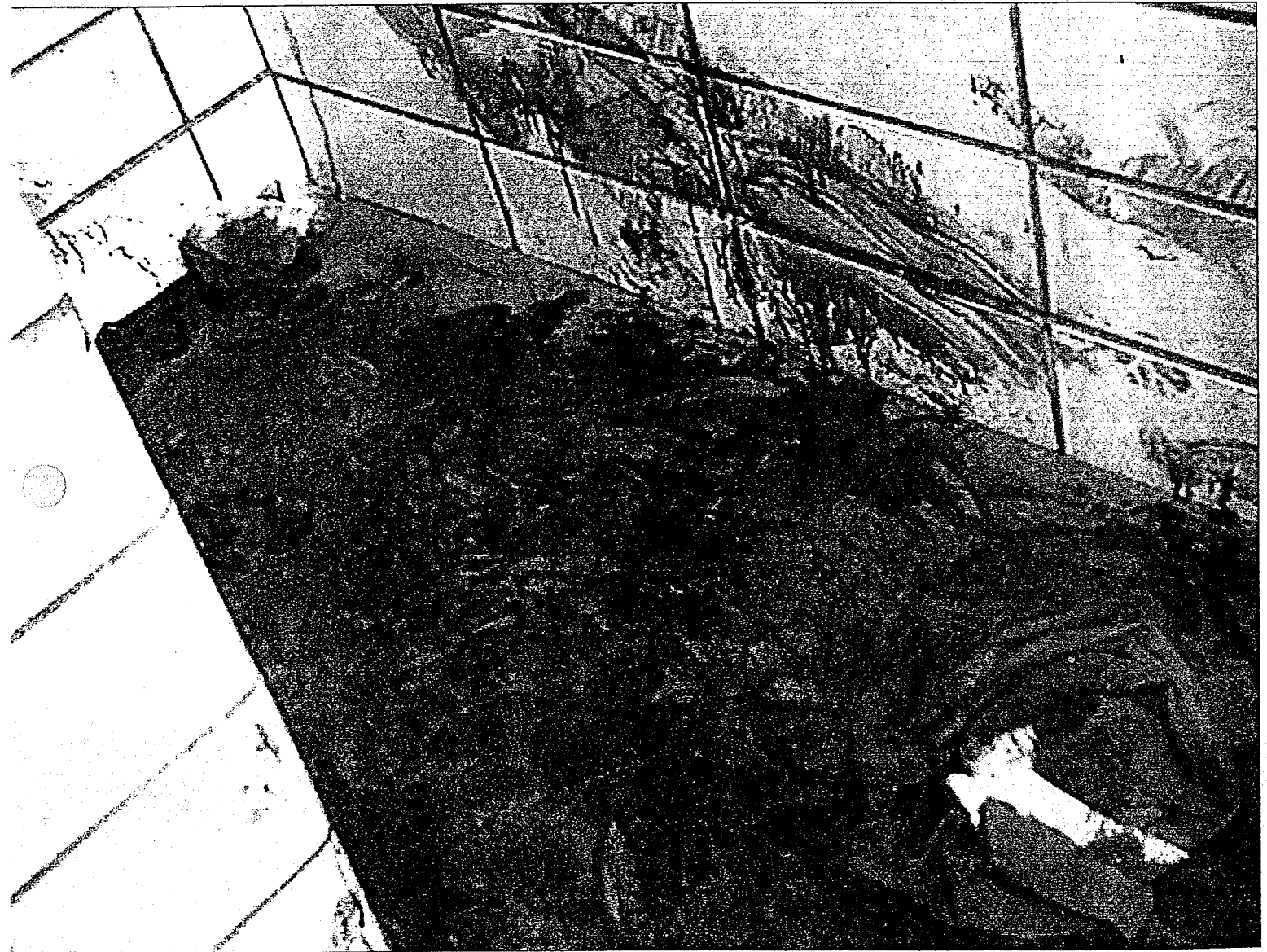
Defendant's Exhibit Number 57

Digital Jail Photograph

(Copy attached)

**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.**

**MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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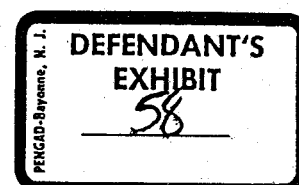
Defendant's Exhibit Number 58

Digital Jail Photograph

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**PHOTO TAKEN BY DSO ROY MATHEW #5864 ON MAY 6, 2001
AT APPROXIMATELY 10:45 P.M.**

**MURPHY, JEDIDIAH ISAAC BNO#00089253
DALLAS COUNTY OFFENSE / INCIDENT REPORT #01-40745**



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Defendant's Exhibit Number 59

Diary Sheet

(Copy attached)

NOTES:

1997

BIRTHSTONE: RUBY

JULY

FLOWER: LARKSPUR

1997

Worry is like a rocking chair; no matter how much you rock, you get nowhere.

money Sunday	money Monday	money Tuesday	money Wednesday	money Thursday	money Friday	money Saturday
1st NOTES: Mr. Howe- 2nd 192.00 Pay Cable + Elec. money	1 92.00	1 stayed home. washed clothes and that's all really!	2 stayed home. went to work. came home + that's all really	3 went to work. came home + that's all. went to bed.	4 went to work. went to work. came home + that's all. INDEPENDENCE DAY	5 stayed home. cleaned up. went to work. came home + that's all. went to bed.
6 stayed home. went to work. came home.	7 went to the Dr. came home. went to work. came home.	8 stayed home. went to the store. stayed home. all day!	9 stayed home. + that's all really	10 went to work. washed clothes. came home + that's all really.	11 Elec. 7.45. went to work. went to work. came home + that's all.	12 mowed Dad's yard. came home. forgot w/ Jim. stayed home. went out.
13 stayed home. went to work. came home + that's all really.	14 went to Dr. came home. worked. played Bingo. came home.	15 cable 4.8. went to Canton. came home + cleaned that's all.	16 stayed home. all day a shift. went to work. that's all.	17 came home. all day. went to work. came home.	18 stayed home. went to work. went to Dad's. came home + that's all.	19 stayed home. cleaned house. came home. played Bingo. came home.
20 stayed home. we went to see. came home + that's all.	21 went to the Dr. same. came home + that's all really.	22 went to work. washed clothes. cleaned up + that's all really. common place.	23 stayed home. went to work. stayed home. + that's all really.	24 came home. stayed home all day + that's all really.	25 stayed home. all day + night + that's all really.	26 stayed home. cleaned house + that's all really. went to bed.
27 stayed home. cleaned up. went to bed.	28 Dr. went to Dr. came home. went to work. washed clothes. to bed.	29 stayed home. all day.	30 stayed home. went to work. came home.	31 PAID Had Alyssa At 12:58. Thank you. Jim. I love you both!	NOTES: Jim + Alyssa. I love you both!	

PETICAD-Byonne, N. J.

DEFENDANT'S
EXHIBIT

59

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Defendant's Exhibit Number 60

Diary Sheet

(Copy attached)

Dear God, thank you for my life and the one thing I have on this matter. Bill, 8/1/97

NOTES: *Bill, 8/1/97*

1997 BIRTHSTONE: SARDONYX OR PERIDOT AUGUST FLOWER: GLADIOLUS

Too much time is wasted by some people in telling how busy they are. So let's get it on

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: <i>Cable post due July 49.00</i>		<i>25th July paid me 50.00</i>		<i>Rent 100.00</i> <i>Very Happy</i>	<i>1 Dine</i> <i>Came home from Hosp stayed here.</i>	<i>2 stayed home & cleaned up. That's all really</i>
<i>3 Stayed home. ate at Dad's. That's all really.</i>	<i>4 Stayed home. all day. That's all really.</i>	<i>5 Mameal left. Stayed home all day. That's all really.</i>	<i>6 Stayed home. That's all really.</i>	<i>7 Stayed home</i>	<i>8 Stayed home</i>	<i>9 Stayed home</i>
<i>10 Mameal went to servell. Came home. That's all.</i>	<i>11 Stayed home. That's all really.</i>	<i>12 Stayed home. all day. That's all.</i>	<i>13 Washed clothes. Came home. That's all really.</i>	<i>14 Went to Wic. oil change. Store home. That's all.</i>	<i>15 On 9:15 AM. 133.00 Bill. Went to Dr. Came home. That's all really.</i>	<i>16 Stayed home all day. What a life.</i>
<i>17 [scribbled out]</i>	<i>18 Jim Came home. stayed here. That's all really.</i>	<i>19 Stayed home. got Car fixed. Went to the store.</i>	<i>20 Stayed home all day long. That's all really.</i>	<i>21 Stayed home. That's all really. Talk to Dad.</i>	<i>22 Day Ch. 11.50. washed clothes. ate at Dad's. watched kids. That's all. Backway 25.</i>	<i>23 Cleaned house. mameal came. Oodan.</i>
<i>24 Stayed home. Went to work. Came home. That's all. 3 kids.</i>	<i>25 Stayed home</i>	<i>26 Stayed home</i>	<i>27 Stayed home</i>	<i>28 Went to work. Came home. That's all really.</i>	<i>29 Went & washed clothes. Stayed home. Backway 25.</i>	<i>30 Went to work. Came home. That's all really. Stayed.</i>

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Defendant's Exhibit Number 61

Diary Sheet

(Copy attached)

NOTES:

1997

BIRTHSTONE: SAPPHIRE

SEPTEMBER

FLOWER: ASTER

1997

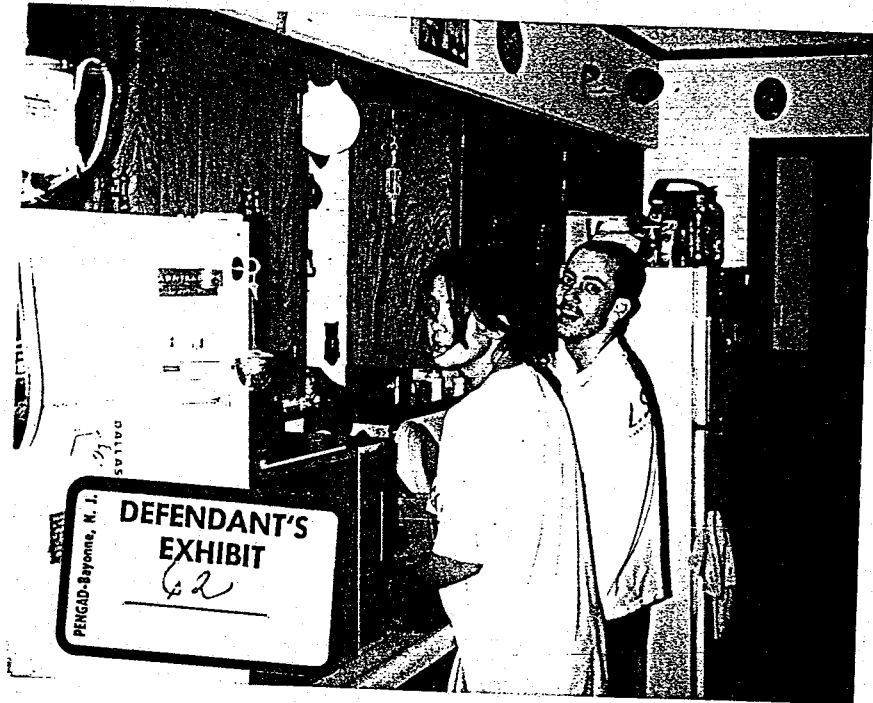
The only real failure in life is the failure to try.

Dr. Wilson
212-363-8524

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTES: Rent: 100.00 7 Went to work. Came home & that's all really.	19 Jim's Bldg Stayed home & that's all. LABOR DAY	2 Stayed home. Went to Canton. Came home & that's all.	3 Stayed home all day & slept. Cleaned up. Went to bed.	4 Stayed home & that's all really.	5 Went to work. Came home. Stayed home & that's all. Went to store.	6 Went to work. Came home. Washed clothes. Stayed home & that's all.
14 Went to work. Came home. Cleaned up & that's all.	8 Went to work. Came home. Cleaned house.	9 Went to work. Came home & that's all really.	10 Went to work. Came home & that's all. Went to bed.	11 Went to work. Paid 120. on car. Came home & that's all.	12 Cable 50.00. Went to work. 30-car. wide-mart. went home.	13 Stayed home. Cleaned up & that's all really.
21 Went to work. Came home. Cleaned up & that's all really.	22 Went to work. Got pictures taken. Came home & that's all really.	23 Went to work. Came home & that's all really.	24 Went to work. Got car fixed. Came home & that's all really.	25 Went to work. Stayed home & that's all really.	26 Went to the Dr. 9:30. Went to work. Came home & that's all really.	27 Went to work. Came home & that's all really.
28 Went to work. Came home & that's all really.	29 Went to work. Came home & that's all really.	30 Went to work. Came home & that's all really.	NOTES: 3 Janne Work - 361-4462 Zack - pager - 221-9806 472.00 350.00 122.00 112.00			

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Defendant's Exhibit Number 62
Small Photo of Jedidiah and Chelsea
(Copy attached)



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Defendant's Exhibit Number 63

Dr. Connell Report

(Copy attached)

Confidential

MARY A. CONNELL, ED.D., ABPP

*Board Certified in Forensic Psychology
American Board of Professional Psychology*

Water Gardens Place Suite 635
100 East Fifteenth Street
Fort Worth, Texas 76102-6566

Telephone 817.334.0035 Fax 817.334.0297
Email mconnell@forenpsy.com

Psychological Evaluation for Sentence Mitigation

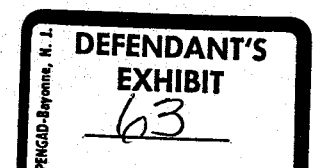
Name: Jedidiah (Jim) Isaac Murphy
Sex: Male
DOB: 09/01/75
Age: 25
Education: High School
Dates Seen: 02/13/01, 02-28-01, 03/01/01
Referred By: Jane Little, Assistant Public Defender
133 N. Industrial Blvd.
Suite C-1, LB 2
Dallas, Texas 75207
Cause Nos.: FOO-23910-M, FOO-02424-M

Reason For Referral:

An evaluation was requested to gain information to be offered during the penalty phase of the trial of Jedidiah Murphy, regarding any potentially mitigating issues that might be considered by the trier of fact. Mr. Murphy faced indictment and impending trial for capital murder, for which the state sought the death penalty. The defense sought to offer information regarding his background, the record and circumstances of the offense, including his general mental status, prior to and at the time of the offense, as significant factors at trial, and as particularly relevant to sentencing issues to be decided by the jury.

Techniques Utilized:

Two interviews, totaling approximately 7 hours
Review of documents, including medical records, some school records, police records
regarding the offense
Shipley Institute of Living Scale



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Minnesota Multiphasic Personality Inventory-2

Millon Clinical Multiaxial Inventory-III

TOMM

Collateral Contacts, including:

Chelsea Willis

Hope Abbott

Garth Looney

Donnie Looney

Tonya Thorp

Celeste Tolar

Matthew Murphy

Tracy Irwin

Background and Interview Observations:

Jedidiah (Jim) Isaac Murphy was interviewed and tested at the Lou Sterritt Jail, West Tank, where he was being held awaiting trial for capital murder. He expressed willingness to cooperate after being told the purpose of the evaluation, the potential range of outcomes of the evaluation, and the lack of confidentiality inherent in forensic evaluations. He expressed an understanding that I was going to interview and evaluate him, interview various family members, and review documents pertaining to his educational and medical records, in order to provide information to the trier of fact regarding any factors that might mitigate against the imposition of the death penalty. Mr. Murphy was seen on three occasions, each time for interview and testing, and was cooperative, communicative, and appropriately focused at each session. During the second testing session, the lights in the jail briefly went off, but he did not seem excessively distressed by this event. During the third session, he was seen in a holding cell outside the courtroom, where it was necessary that he stand during completion of one instrument, the TOMM. He was clearly more fatigued and distressed on this occasion, and expressed frustration that his medication was not being administered at the usual time each day, and that he was having some difficulty getting sufficient sleep.

Jim Murphy provided the following history. He indicated that he was born September 1, 1975, the youngest of four children born to his parents. His father was Roy Don Kines, and his mother was Hope Kines. He had two older sisters, Tonya and Tammy, and one older brother, Donnie. He said that he also had a fleet of half- and step-siblings. Each parent had been married other times. He reported that his father was in construction work, and his mother was a nurse. His father was an alcoholic and died in 1983 because of complications of alcoholism, according to Mr. Murphy. He reported that his parents were separated when his father died. He explained that his mother had taken her three children from a prior marriage, and had left the family when he was four or five years of age. He said that she took Tonya, then 13 years of age, Tammy, then 12 years of age, and Bob (Bubba), then 11 years of age.

Mr. Murphy reported that he and his family lived with his father's parents in Kaufman before the separation. He said that his mother left because his father was very abusive, and he said that he has heard that his father eventually became extremely abusive of the children, but he does not ever remember being abused at his father's hand. He remembered his father beating his mother

Confidential

and knocking her teeth out, and then being taken to jail and to a mental institution. Mr. Murphy said, "I'm a spitting image of him, all my life. I'm a pure blood alcoholic." Mr. Murphy said he gets angry if other people around him are angry, but if everyone is happy, he is happy.

Mr. Murphy reported that after his mother left, he continued living with his father and grandparents, and all three of them died within four months, when he was about three, four, or five years of age. He reported that his grandmother died in recovery, following surgery, while his grandfather died of emphysema, and his father of pancreatis, secondary to alcoholism.

Mr. Murphy reported that he and his siblings went to Buckner Children's Home in Dallas. He said that all six of them went at the outset, but his mother came and got the older three children. While his grandmother was in the hospital, his father told the children that his grandmother wanted them to be adopted out. His father was very upset, and knew that he was going to die. Mr. Murphy was not sure about the chronology of the events, but believed that he went to Buckner in 1980, which would have made him four or five years of age. He reported that he was then adopted, along with his brother, Donnie, when Mr. Murphy was five years of age. They were adopted by a family by the name of Tolar, who had three children of their own. They lived with the Tolars for five years. Mr. Murphy reported that Terry and Celeste Tolar were abusive of him and his brother. He said, "They were mean to us," and his brother Donnie took up for him, and, "That presented a problem, and it just snowballed." He said that he and Donnie left that placement and went to a foster home in Fruitville. He was then adopted, separately, by a family in Edgewood, Texas, while his brother was adopted by a man in Emory. He reported that the man who adopted Donnie was a good man named K.G. Looney, who is known as Garth. He is a rancher, and he adopted two or three children. He said that Donnie was still close to him. Donnie works in road construction, as did their father. Mr. Murphy reported that he talked with his brother, Donnie, most recently just before he was arrested. He said that Donnie began to visit him from about the time he was about 16 years of age.

Mr. Murphy told about his second adoptive family, Bob and Samantha Murphy. They had a son, 18 days younger than Mr. Murphy, and a daughter who was then 25 years of age. He said that it was an "awesome placement," and described them as a very wealthy family, who were the "American Dream." He said that they had a "solid life," and his father was a Battalion Chief for the Garland Fire Department, while his mother was a school teacher in Fruitville. He said that she found him when he was attending school there, while in foster care. She saw him on the playground and thought he was her son, they looked so much alike. She took him in as a foster child, and eventually, she and her husband adopted him. He said that he was 12 years of age when that adoption was consummated, and he lived there until he was 17.

Mr. Murphy indicated that a number of difficulties occurred during his adolescence in the Murphy household. He said, "Everything went wrong," and he elaborated that his father did more with him than with his brother, Matthew, who was not as interested in working on cars and such things as were Mr. Murphy and his father. He said that he felt it was his fault when the Murphys split up. He went with his father, and Matthew went with his mother. He has not seen his father for the past six years, and when asked why, he said, "I embarrassed him--from my drinking and getting in trouble--I was drinking from the time I was 14." He said that Matthew did not drink. He said that Matthew's friends started liking him better than Matthew, and in general, his presence created many problems for Matthew.

3

Confidential

When asked about his school performance, Mr. Murphy said that in high school, he made Bs. He was never suspended or expelled. He smoked marijuana daily as he completed his senior year, generally after school hours. He drank beer daily from his sophomore year on, to the point that he would vomit, pass out, or black out. He had one charge of public intoxication at the age of 14, and one other charge along about that time, but did not have DWIs. He indicated that because his adoptive father was Mayor, some of these incidents may have been "washed under the rug."

Mr. Murphy reported that he graduated at the age of 18, and then got into some trouble when he was with some boys who were stealing. He said that he wrote a statement confessing to the crime, and got probation, first spending ten months in jail, then three months in Boot Camp in Childress, Texas, an excellent experience, in his view, and then serving his ten years of probation. He said that his dad did not bond him out of jail, adding, "That is why I don't talk to him." He said that his dad, "...said he was embarrassed of me. Just let me sit there--that's why I haven't talked to him since."

Mr. Murphy said that at the age of 18 he went to work while living with his mother in Dallas. He worked as a bartender at a place on Garland Road, where he worked for about one year, and then he worked at another bar on Greenville Avenue. He said that it was a "...dream job for an alcoholic."

Mr. Murphy said he had friends and girlfriends, and he dated someone named Monica for two years, during his junior and senior years of high school. In late 1995, he got involved with Chelsea Willis, whom he referred to as his wife. He appended that they had never married, actually, but they had a daughter together, soon to be four years of age. Alyssa Logan Murphy was born July 31, 1997. Mr. Murphy said that Chelsea and he fought physically at times, and when asked to tell about it, he said, "I'm just an alcoholic--just got real bad--it eat me up--tore up everything I had." He said that he couldn't stop drinking, and that he went to Alcoholics Anonymous in Kaufman, and managed to stay sober for almost a year. He gave me Chelsea's telephone number and encouraged me to contact her to hear about their time together. He also gave the name and telephone number of his sponsor, Randy Crow, saying, "He loves me like my father." He said that he talked with Mr. Crow just the day before, and that Mr. Crow visits him at the jail.

Mr. Murphy said that he and Chelsea got together in 1995 or 1996, about seven to ten months after he was released from the Childress Boot Camp. He reported that she currently works as an assistant manager of a lumber yard in Terrell, Texas, and he added that she has always been a wonderful mother, a good person, and a very capable person. Asked further about their physical fighting, he reported that he had never caused her to be hospitalized, but had fought to the extent that the police were called out numerous times, and she left him on several occasions. He reported that neither of them had ever physically abused their daughter, and their own fighting never got close to affecting her, in his view. He reported that he talks with his daughter on the telephone, and she cries. He does not want her to be brought to visit with him "through the glass." He last had a conversation with her in person in September.

4

Confidential

Mr. Murphy reported that he and Chelsea separated and then he started drinking heavily. He said that they broke up because they didn't get along anymore, and he did not want to fight around his daughter. His daughter would get upset, and he could see that the situation was deteriorating. He had injured himself at Griffin Industries, where he had worked for one month as a welder, and he was on Worker's Compensation. His thumb was almost ripped off, and he had surgery repairing the ligament. He was in a cast and was off work for two months. He was supposed to be taking pain pills, but did not like them, and took as few as possible. Asked if he has used recreational drugs, he said that he had done, "...a little of everything, I imagine--cocaine, speed." He said that he had never used needles, and had never used heroine. He was never a daily user, and was never seriously involved with any drug, except alcohol.

Mr. Murphy reported that he was in Alcoholics Anonymous most of the time from 1995 to 1999. He said that he would, "...be good for a while, and then stay drunk for four months." He said that he tried to kill himself in 1997 or 1998, taking 60 sleeping pills, and Chelsea called the paramedics, and they came to the country home, where he had gone to kill himself. His stomach was pumped at the ICU in Kaufman, and his family had him committed to Oak Haven Treatment Center, in Marshall, Texas, where he remained for three months. When he was discharged, he stayed at his mother's home in Kaufman for almost a year, and did very well. He worked at Big C Construction, welding. He reported that he has worked as a welder since high school, and can get a job doing that anywhere. He said that he could do every aspect of welding, and it was something he had always enjoyed doing.

Mr. Murphy described himself as a person with high energy, and indicated that he was diagnosed with ADHD in school. He was always hyperactive, but was never medicated for it, as he recalled. He was never in Special Education class, though his brother was. He said that Ms. Murphy had all of his school records, "...but she hates me with a passion because I went to live with my dad." He said that he sent her a picture of his daughter, and she sent it back. He said that although she really doesn't like him anymore, her children do, and Tracy Erwin, his adoptive sister, visits him regularly. He said that she is married to Tim Erwin, and has two sons and two daughters.

Mr. Murphy reported that he was in Glen Oaks, a "mental institute," in Greenville, Texas, twice, because he couldn't control his mind. He said that he didn't know what was real or not real. He reported that he was in a treatment center called the Andrews Center in Canton, Texas, where he was medicated with Tegretol. He said that he went there on his own because he knew something was wrong. He was having black outs, and his "...train of thought was messed up." He said that he was not drinking at that time. He said that he gets "...depressed like you wouldn't believe," and that he thought constantly of ways he could kill himself.

Asked to describe his suicidal ideation, Mr. Murphy said that he thinks about putting a gun in his mouth, and that he did that, and pulled the trigger, "...right in front of Randy Crow," but the gun didn't discharge. He said that it was his 12 gauge shot gun, and that it had ammunition in it, and that he racked it and got a bullet in it, but it didn't go off. He said that he wanted Mr. Crow to tell Chelsea what he had to say. He met him at a church parking lot near his home, and he noted that Mr. Crow brought his wife, Laurie, along. He said that after he tried to kill himself, he went home and dropped off his gun. Mr. Crow called the police and they caught him on his way to

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Kaufman, and took him to jail. When he got out, he went to Mr. Crow's home the next day to pick up his truck, as Mr. Crow had driven it home.

Mr. Murphy said that he has been in Timberlawn twice, and has been medicated with Effexor, Ativan, Klonopin, Tegretol, Seroquel, Loxitane, Halidol, and Thorazine. He said that at Glen Oaks he was administered Thorazine by injection to calm him if he argued or fought with orderlies.

Mr. Murphy said that his mind plays games with him. He said that he sees ants, snakes, deformed animals and people, and that he didn't want anyone to know about this at first. He said that it scared him to death. He reported that on one occasion, he stood on the table at his home for two days, trying to keep the snakes off him. He could feel them hitting his boots, and he could hear them, and see them. He said they were "that real." Asked if he knew what caused that, he said that he knew it was psychosis. He said that he was in the "last stages of alcoholism, they said." He said that he was having DTs, and was a "wet head," according to treatment personnel. He took magnesium shots and Librium to get through the DTs.

Mr. Murphy reported that while he has been in jail, he has suffered from hallucinations. He has seen people out of the corner of his eye, and he knows that it is his own mind playing games with him. He said that he loses track of time. He reported that the doctors have told him that it is because of multiple personality disorder that he loses time.

Account of the Alleged Criminal Behavior

Asked to tell about his incarceration, Mr. Murphy said that he is incarcerated for capital murder. He said that he killed a woman named Ms. Cunningham. Asked if he knew her full name, he said that her name was Birdie. He said that he did not know her, and did not know how he encountered her. The last he recalled, he was drinking at his sister's bar. He said that he was staying in her home. He then left her home and went to Bleachers, a bar near his sister's home in Richardson, and drank more. He said that it was early October, 2000. He reported that Bleachers is off Jupiter and Arapaho, and that he went there frequently. He said that he would sit off to himself, and he recalled that on this particular day, it was daylight when he was there, and he was not working because he was on Worker's Compensation. His cast has just been removed. He said that the situation with Chelsea was, "...so far gone, I could not get back with her."

Mr. Murphy said that his next recollection was waking up in the car, driving, with Ms. Cunningham sitting beside him. He said that he did not have a driver's license, his license having been suspended because of DWIs. He said that Ms. Birdie Cunningham's car was a Nissan or a Honda, a gray 4-door, and he did not know where or how he encountered her or came to be driving her car. He said that he wrecked it, hitting the curb with the right front tire, and it scared him to death that he was driving someone's car. He was going to get out and get away, and so he pulled into a parking lot. As he talked about this, Mr. Murphy became increasingly distressed, and he said that he didn't like talking about it. He hesitated for long periods as he spoke. He said, "My plan was to put her in the back of the car, and leave the back seat so she could get in front," and he wanted to give himself time to get away and get back home. He said that she was sitting in the passenger seat and they were just talking. He had not

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injured her in any way at that point. He said that he asked her what was going on, and he said that it was more of a surprise to him than it was to her that he was there with her. He told her that he was going to pull into the parking lot and get away. She said that as long as he didn't hurt her, she wouldn't call the police. When asked if he had a gun with him, Mr. Murphy said, "Yes--I found it in the console, and that scared me, too." He said that he was looking through the car, and Ms. Cunningham told him where the gun was. He said that he generally doesn't carry a gun, but that when he left home that day, he took a gun with him with the intention of going to see his daughter, and then killing himself. He was going to hitchhike from 635 to Wills Point, to the day care center, to see his daughter. Asked where it was that he first encountered Ms. Cunningham, Mr. Murphy said, "They said something about Collin Creek Mall is where she was last seen." He said that he didn't see any way that could be the case.

Mr. Murphy said that he intended to leave the car running, and that Ms. Cunningham agreed to his getaway plan and got into the trunk. He had the gun in his right hand, waving it, in broad daylight, and he transferred the gun from his right hand, on top of the trunk, to his left hand, and it went off. He said that he couldn't feel his left hand because he had a "through and through gunshot" in his left hand. He said that he shot himself in 1990, or thereabouts. He wasn't sure of the year. He said that it killed the nerves, so that he cannot feel his fingers. He doesn't know how much pressure he is exerting with that hand, he said, and consequently, he did not realize he was going to pull the trigger.

Mr. Murphy emphasized again that it was broad daylight, and that he thought someone was shooting at him because they had seen the gun, so he started running away. He then turned around and came back to the car, "...and that's when I knew she was gone." He was near tears as he said this. Queried, he said that he saw her in the trunk. He didn't know where she was shot, but was later told that she was shot in the head.

Mr. Murphy said that he could not recall what Ms. Cunningham looked like, but added that, "They say she was 80." He said that he closed the trunk of the car and didn't know what to do. The car was running, and he got in it, and drove off. He didn't know where to go or what to do. He said, "I went and bought a bunch of beer." He said that he was drinking, and he bought the beer at a beer store/gas station combination on Jupiter, past the George Bush Highway. He said that he was passing out and almost wrecking the car everywhere he went. He said he later tried to take the police there, but didn't know where he had been. He said, "We drove forever," and he noted that this was the next day, and he was still drunk, and had less than two hours of sleep in three days. He said that he gave a statement, but did not know what it said. He said that they would not let him sleep, and they dictated the statement to him, and he wrote it. He said, "They told me what they thought happened." He said they didn't really question him. He said that he asked them if they thought he needed an attorney, and, "...they kinda blew that off."

Mr. Murphy said that he took Ms. Cunningham to Livingston Hill, in Edgewood, where there is a little bridge and a creek, and he took her out and laid her down at the bottom of the creek. He said that the water was three or four inches deep. He said that he did this two days after he had shot her. He had driven the car everywhere during those two days. He did not watch the news, but, "They already knew who I was--they knew everything." He said that his niece had seen him in the car at his sister's home in Richardson. When asked about going there, he said he had gone there to get his check book. He said that his niece was 12 or 13 years of age. He added that her

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friends all idolized him, and came to him with their problems. He said, "Nobody up here in Dallas knew I was an alcoholic." He went on to say that Ms. Cunningham had some credit cards, and he bought "those boys," his nieces' friends, Christmas presents with the credit cards, and signed his own name. He bought Zack and Ryan scooters. The police asked him why he signed his own name, and he told them he never intended to get away with any of it. He wrote a note to his sister, telling her what he had done, and he pulled Ms. Cunningham's car into his sister's garage, put the hose from the Shop Vac onto the exhaust pipe and into the window, and sat there for 20 minutes with the car running. He did not experience any nausea, and decided it wasn't working, "Plus I did not want to traumatize my nieces who idolized me." He then left in Ms. Cunningham's car, leaving a note for his sister, and went to try to see his daughter, and then try to kill himself. He said that it was then 2 or 3 days since he had made the original plan to do that.

Mr. Murphy said that Chelsea does not allow him to come home drunk, so he went to a friend's house to sleep off the alcohol. He planned to go the next day to his daughter's day care to say goodbye to her, and then go to the lake to kill himself. The police came to his friend's home and got him, just after he went to bed. He had been drinking liquor and beer with his friend before he went to bed. He reported that the next day, he gave a full statement.

Further Interview Data

Mr. Murphy said that he worries for his daughter, because she is going to have to grow up, and he doesn't want her to be teased about who her dad is. He worries about Chelsea, and about his brothers and sisters. He sobbed as he talked about this, saying that he didn't like to think about it, and, "Here I'm going to have to sit in it, and listen to it, over and over." He said that he had never hurt anyone in his life, intentionally. He said, "Oh, yeah, I fought here and there." He said that he understood that he would have to take medicine for the rest of his life, and that the nurse gives him medicine in jail. He takes Seroquel, Paxil, and Tegretol. He said that he missed his daughter so much that he had to take her picture down. He can't talk to Chelsea, to his mother, or to his brother, because he gets too upset. He said that he still doesn't know what all happened, and doesn't understand it. He said, "My life snowballed the last four years--people that know me love me--you'll find that out--that I'm an alcoholic, and I ain't never hurt nobody." He said that he was worried about his mortality, but he noted that if he was in the juror's seat, or was a family member of Ms. Cunningham, "I can't say I wouldn't want me dead." He said that he feels that if you take someone's life, you have to give your own. He said that his brother attended the memorial for Ms. Cunningham, and spoke on his behalf, telling the family members how good a dad he was, and that there was no way he could have done this in his right mind. He added, "There's no way."

Mr. Murphy told, on another interview date, of how he had a history of drinking hard and using drugs throughout his life, but had never hurt anyone in his life. He said that his brothers love him, and his child loves him. He said that he has been arrested many times, and that he sometimes has problems with his anger, "Busting people in the nose," and that he had done this to his brother, Bob. He said that Bob liked to drink and drive, and he doesn't approve of it, and won't let him, and has hit him when he had to take the keys away from him. He said, "He can't control himself when he's drinking--he's worse than me." Mr. Murphy said that he has struck his wife, Chelsea, five times. He said that he has hit her in the face with an open hand one time.

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He said that she threw a tea glass at him, "...and busted me on the head." He said, "I asked for it," but went on to say that Chelsea is not timid and is not a martyr. He said that she would admit her part in every one of their fights. He reported that he was charged with family violence one time, and that the police were actually called out two or three times, because of verbal exchanges between him and Chelsea. He said that he went to anger management class as a result of one of the incidents.

Mr. Murphy reported that he suffers from panic and anxiety, and since his Seroquel has been increased from 400 mg. to 800 mg. a day, he has less difficulty with anxiety. He reported that since his jury selection started, he has missed his medications four times, because they take him out of his cell as 6:30 in the morning, and the medications aren't generally brought to his floor until 9:00 a.m. He said that his heart has been fluttering at times because of missing the medication. He has been getting four or five hours of sleep each night during the jury selection process.

Mr. Murphy said, toward the end of our interviews, that he does not want to be put to death. He feels that his being put to death would affect his daughter more deleteriously than would a 40-year sentence. He said that this was explained to him by one of the attorneys. Mr. Murphy said that he has also consulted with Chris Brennan, the jail chaplain, frequently recently, because he is under a great deal of stress. Generally, Mr. Murphy communicated clearly that he felt he deserved whatever he got, and that he was remorseful that he had killed Ms. Cunningham. He spoke of her with an almost reverent tone whenever he mentioned her, and he spoke of himself, by contrast, in a very disparaging tone.

The Test Results

Standardized intellectual assessment revealed that Mr. Murphy is of average intellectual ability, with a Shipley Institute of Living Scale standard score of 105. His verbal ability was average, while his reasoning ability appeared to be high average. He impressed as one who may have rather significantly underachieved academically, and it appeared that he might well have had unrealized cognitive potential. He may indeed have suffered from ADHD or a learning disorder that prevented him from gaining maximally from his schooling, but there may have been other contributions to this difficulty as well, including distraction because of emotional losses, frequent changes in his environment, and depression or anxiety, owing to the loss of family.

Personality assessment was accomplished by way of administration of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Millon Clinical Multiaxial Inventory III (MCMI-III). Mr. Murphy was found to be highly symptomatic on both instruments, with evidence of psychotic symptomatology, and with evidence of personality disorder. Generally, his posture toward responding to the tests appeared to be one of "over-reporting" or of subscribing to a broad range of symptoms. His MMPI-2 profile was characterized by significant elevations on F and F(B), a tendency to respond variably, with extremely symptomatic responses in the later portion of the instrument, such as sometimes happens when the examinee becomes fatigued, when defenses are relaxed, or when the person begins to respond carelessly or randomly. Examination of elevations, however, suggested that his responses were not careless or random, but were in fact, "defenseless." He subscribed to a broad range of physical symptoms, suggestive of stomach distress, headaches, dizziness, some paralysis in muscles (his left hand),

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suicidal ideation, a history of some seizures (during detoxification), and mental confusion. He indicated that he often hears voices without knowing their source, he has difficulty keeping his mind on anything, he often feels as if things are not real, he has strange and peculiar thoughts and strange and peculiar experiences. He feels that there is something wrong with his mind. He feels that strangers look at him critically, and he is sure he is being talked about. He feels he has enemies who really wish to harm him. He acknowledged having at times been seen as hotheaded, and having at times felt like smashing things. His future feels hopeless to him, he feels he is not as good as other people, he feels he has made serious mistakes in his life, life is a strain for him much of the time, he feels useless and feels like giving up hope, and he thinks he is no good at all. He readily acknowledged his alcohol abuse, and acknowledged having been in trouble with the law. He has the feeling that people should grab everything they can get in the world. Clearly, he learned early in his life that his best chance of getting his own needs met was to try to be independent and manipulate the environment so that his needs would be met. He may tend to hold people at arms length, to have difficulty with interpersonal trust, and to con and manipulate others to meet his needs. His attachments may be superficial and exploitive. He does not, however, appear to have malicious or contemptuous feelings towards others, and does not appear to be indifferent to the effects that his behavior has on others. He does appear to have the capacity to form attachments, and even though they may be superficial or exploitive, they do appear to sustain over time. He seems to yearn for resolution of interpersonal conflicts, particularly with his adoptive father, Mr. Murphy, but he seems to find it easier to avoid those people for whom he has strong feelings, rather than to have them see him when he is in such a state of disgrace. He does not want the immediate gratification of attention and reassurance because with it would come the cost of seeing the pain that he has caused his common law wife, his mother, his sisters, and his daughter, and of feeling the shame of them seeing him in this state.

The MCMI-III results suggest that Mr. Murphy is undergoing an acute major depression, characterized by agitation and erratic qualities. He shifts between expressions of self-deprecation and despair, mixed with thoughts of suicide and thoughts of hopelessness and futility, and occasional outbursts of bitter discontent and irrational demands. Indeed, there have been reports of conflicts with jailers and of suicidal gestures or efforts during his incarcerations. The MCMI-III results suggest that his bouts of alcoholism may be prompted in part by frustration and disappointment in his life. He is a characteristically unpredictable, moody, and impulsive individual, and these behaviors are intensified when he is drinking heavily. His brooding resentment may break out of control, resulting in stormy and destructive consequences. While he may feel contrite and remorseful after he lashes out at others, the pattern may repeat itself when he drinks again, with his deep resentment finding new expression. The resentment, anger, and conflict that drive this behavior may have to do with early losses and disappointments, including the observation of his father's abuse of his mother, the sense that his mother abandoned him, the sense that she chose to retrieve some of his siblings, but further abandoned him by leaving him in institutional care, the reported abuse perpetrated upon him by his first adoptive father, and the eventual disruption of his second adoptive family, a marital dissolution for which he felt altogether responsible. He may have early on developed the theory that he was unloved and unlovable, that his father's alcoholic, abusive patterns were indelibly engraved in his own life script, and that whomever he touched or loved, he lost. If he drank to attempt to drown out these feelings, his drinking created further problems for himself, and he repeatedly disappointed those who might have cared about him.

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Interestingly, the MCMI-III results suggest that Mr. Murphy was severely emotionally traumatized by some event or events in his life, which were perceived as a threat to his life, and which precipitated intense fear or horror on his part. He has residual recurrent recollections that symbolize some aspect of this traumatic event, and he seeks to avoid these recollections, at times unsuccessfully. He may be having dreams or nightmares, and may have feelings of terror and intense anxiety. Difficulty falling asleep, outbursts of anger, panic attacks, hypervigilance, exaggerated startle response, or a sense of numbing and detachment may follow, and indeed, his drinking may certainly have been an effort to cope with these feelings. It would appear that there may very well have been some extreme abuse at some point early in his life, and he is presently of a mind to avoid disclosing such, if indeed such did occur. He seemed to fear being thought to be making an attempt to excuse his own behavior, and generally, he tended to minimize wrongs done to him, and to retreat from such discussions fairly quickly. In order to treat his symptoms, it would be important to work intensively with him to uncover whatever events may have occurred in his life that are so distressing to him. Without such intensive treatment, which he would likely find highly threatening, he would be apt, in the free world, to continue having bouts of severe alcoholism. He might be expected to continue having episodic outbursts of rage and ongoing efforts to self-destruct. Incarcerated, he may be tormented by nightmares, panic attacks, and episodic psychotic breaks, during which time he may experience incapacitating depression, guardedness, suspicion, and hallucinations. With medication, some of these symptoms may be relieved, but the underlying distress may remain, and he may be expected to exist in a rather numb state of semi-awareness of his surroundings and his feelings.

Examination for malingering was accomplished by way of administration of the TOMM, and by examination of validity scales on the MMPI-2, and the MCMI-III. The results of the TOMM suggested an absence of malingering, in that Mr. Murphy correctly answered all of the items in Trial 1, all of the items in Trial 2, and all of the items in the Retention Trial. He did not appear to be making any effort to demonstrate cognitive impairment. The MMPI-2 validity indices suggested, as was described earlier, sufficient cooperation to provide a valid profile. He may have exaggerated items that appear toward the end of the MMPI-2, responding in a somewhat more symptomatic way, but examination of the items suggested that this may have been the result of defenseless and frank description of his functioning, rather than an actual effort to appear more disturbed than he is. The MCMI-III results were suggestive of the possibility of some symptom over-reporting, with self-debasement predominating. He did produce a profile that was considered valid, once adjustments were made for the possible over-reporting. He does appear to suffer from major depression, adjustment disorder with anxiety, and to have personality disturbance including anti-social, dependent, and borderline traits and features. He is characterologically depressed, and may have great difficulty tolerating his own shortcomings, and the shortcomings of others. In his description of the act for which he is incarcerated, however, there was no indication of intolerance for another's behavior, or a rage reaction, but rather, according to his description of events, he seemed to have been impaired by alcohol, extremely emotionally desperate, and possibly clumsy owing to lack of sensitivity in his hand. There was no indication, in examining his mental state, that he had any negative feelings or anger toward the victim, and rather, he seemed to hold her in high esteem.

In summary, the test results are suggestive of severe characterological depression, severe alcohol abuse, personality disorder characterized by impulsivity, immaturity, shallow and possibly exploitive interpersonal relationships, difficulty modulating anger, and general difficulty

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regulating his behavior. Consistent with a history of reported early abuse, abandonment, further abuse, further abandonment, educational diagnosis of ADHD, divorce in his adoptive family, and his own alcoholism, test results suggest that he may require psychiatric treatment in order to regulate his behavior effectively. He has been in numerous treatment settings, and has apparently made some attempt to follow through with treatment recommendations on an outpatient basis, but has had episodic difficulties, with relapses and suicidal gestures, threats, and attempts. He has been on a self-destructive bent since early adolescence, at least, and has had only occasional periods of relatively effective adaptation. There have been some periods during which he has worked productively, provided effectively for his daughter, interacted with her and her mother appropriately, and participated in recovery efforts. He has never, however, been in intensive outpatient psychotherapy that might have ameliorated the underlying conflicts and lead to resolution of those conflicts, and so his efforts to "self-medicate" with alcohol have generally returned. While the prognosis for change in the free world would be rather grim, the prognosis for adaptation in a prison setting is reasonably good. With psychiatric intervention and some opportunities for productive activity, it can be expected that Mr. Murphy would represent little danger to others, and only mild danger to himself. He may be expected to continue to attempt suicide, and may occasionally lash out at others in anger or frustration, but generally may be expected to adapt reasonably well.

One issue raised by Mr. Murphy and by Chelsea Willis, his child's mother, is the issue of his child's needs with regard to his sentencing. He expressed a wish to live, rather than die, so as to cause her less pain. Ms. Willis expressed the wish that Mr. Murphy might someday be available to answer questions that his daughter, at a much later time in her life, may desperately need to ask.

Collateral Contacts

Chelsea Willis

Chelsea Willis, the mother of Mr. Murphy's daughter, was interviewed by telephone on April 3, 2001. She said that she was willing to provide information, but would dread having to testify. She reported that she was 16 years of age when she met Jim Murphy, who was a senior in high school. She was with him off and on for five years, and has a child, Alyssa, by him. Alyssa will be four years of age in July. Alyssa knows who her daddy is, and thinks that he works for Jesus. Ms. Willis said she did not know where her daughter got that idea, but she does not correct her.

Ms. Willis said that Alyssa had probably seen Jim hit her, when he was drunk. She said that he was always drunk when he hit her, and that he broke her nose once. She said that it would take quite a bit of nagging on her part, and drinking on his part, before he would hit her. She reported that he would work for five or six months at a time, if not longer. He took care of her children while she had surgery, just before the crime occurred. She believed he was sober at that time, and she trusted him implicitly with the children. She reported that her second child is to be one year of age this month, and that he has taken care of her since she was born, until she was four months of age when the crime occurred, although she is not his child.

Ms. Willis said that Alyssa met Jim's adoptive sister after the crime occurred, and Hope, Jim's mother, is there "when she can be." Alyssa sees her as her granny, but in reality, they have very

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little contact with her. His brother, Donnie, comes around from time to time, and Alyssa is fond of him. Ms. Willis said that she knows that Jim's daughter is important to him, but she is not sure whether she, herself, is important to him. She said that he has written her several letters, and she has not answered them because she does not know what to say, or because she has nothing to say. She indicated that she drank with him until Alyssa was born, and then she drank occasionally. She could not recall how many physical fights they had. She never hit him, but would not back down when she felt she needed to say something, and she would say whatever she needed to say. She was never afraid of him, and she could never imagine Jim doing what he did, and still cannot. She feels that he must have been under the influence of drugs. She recalled that he took her Zanex on one occasion. Sometimes he would tell them good-bye, apparently planning to kill himself, but he never made a serious attempt. She would call for an ambulance when this would occur. She did believe that he tried seriously many times to sober up. He would attend AA, but there was, "...just too much on his mind." She said that her parents are both alcoholic, and are in and out of jail. She lived with her grandfather throughout her childhood.

Ms. Willis said that her most cherished memories are of when Jim was sober and taking care of the children. She had numerous kidney surgeries, and he took care of Brittany and Alyssa, and did everything he needed to do, when she was incapacitated. She said that she knew it was hard for a man to do such things, but that he did everything. He washed clothes, cleaned the tub, and did, "...everything in the world right."

Ms. Willis said that Jim told her once that he was seeing things at night. She said that it made her mad. She recalled the snakes he saw before, and she felt that, "...he was messed up in the head--not talking right." She said that she believed that his thumb surgery, "...got him down."

Ms. Willis said that Alyssa misses her daddy. She hopes that Alyssa can someday know him and hear from him, and make up her own mind about him. She said that Alyssa is not old enough now to know what happened, and she said that she feels Alyssa would need to be 13 or 14 years of age, at least, to have such a conversation with her father. Ms. Willis became very emotional when she talked about this, and about her daughter's needs.

Garth Looney

In an effort to reach Donnie Looney, Mr. Murphy's brother, a call was placed to his present adoptive father's home. This gentleman, Mr. Garth Looney, was interviewed briefly as well, by telephone, and he said that he has had Donnie with him for 14 years, and that Donnie has severe anger problems, and is abusive to him. He said that Donnie has no place to go, and that his home is the only place that Donnie feels safe. He mentioned that Donnie is "far worse" than Jim, and that he needs to get rid of him, but doesn't know where to send him. He noted that Donnie works on highway construction.

Donnie Looney

When Donnie was contacted by telephone, he provided the following information. He said that he is not a spiritual person, but he feels that if you kill someone, "...that's it." He said that his brother has "...always been off in the head," but that he would never have thought that Jim

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would do such a thing as this. He said he would more likely have expected that Jim would rob the "...biggest bank in Dallas."

Donnie said that when Jim was seven or eight years of age, he began to have problems. He said that Jim would always rock himself to sleep, for ten or fifteen minutes each night, and that he was always on the bottom bunk, and that Jim was on the top bunk. The bed would shake, as if someone was bumping his head. He said that he would get angry about it until he figured out that Jim wasn't doing it to aggravate him.

Donnie said that he and Jim went to Buckner when he was seven or eight years of age, and Jim was five or six. Their sister, Holly, was there as well. He recalled that it was in the early '80s. He remembered one man, Mr. Langford, who read Bible stories to them before they went to sleep. He recalled that they left there and went back to their grandparents, their father's parents, but, "...they were getting up in age." His father lived with them until he died at the age of 47. He was sick and they took care of him. His grandmother was sick as well, with high blood pressure, and, "They didn't have time to take care of us." A distant aunt knew the Tolars, who were thought to be good and upstanding people, and Donnie and Jimmie were taken to live with them. The Tolars had children of their own as well, and Mr. Tolar was a fireman. He would work 48 hours, and then be off for 24 hours. When he was at work, "There would be three or four or five boys in the house with a woman, and that dude was mean. He'd come home, and she'd tell him everything we did--he'd try to talk to us, and he'd scream and start going crazy, and he'd hit you with anything he could get." Donnie went on to say, "He was rough--that dude--he'd grab you. He was really rough on my brother. He was quiet--kinda stayed off to himself, bashful, I guess. Always off with one person or alone, not with a group of kids." He said that Ms. Tolar provoked most of the troubles, telling Mr. Tolar things they had done. He said, "I guess it made that guy crazy." Asked if Mr. Tolar was a drinker, Donnie said that he was not, and that he was, "...real weirded out in religion. Don't get me wrong, I believe in Jesus Christ, heaven, hell--but they were too much." He said that the Tolars would not allow them to be friends with anyone who wasn't, "...just like them."

Asked if Child Protective Services was ever involved because of the abuse, Donnie said, "The guy got to acting crazy--picking on me, on my brother--two or three days before. If they had not come, I probably would have killed somebody. My dad being dead--he told me to look after my little brother, and that guy yelling and screaming at him all the time, making him go to bed before everybody else, mental disease, I don't know." Donnie went on to say that he, himself, has a great many problems, and has talked to many psychologists that were provided to him by the state, "...and none of them said I was crazy, but they said my brother was paranoid." He said that Jim, "...always thought people was against him, or was saying things--or was hearing things, and thinking things."

Donnie said that from birth until the age of four or five, Jim and he were with their father, and then their mother came to live with them as well, and was there for the next six or seven years. He said, in explanation for her absence, that their father might have told her not to come around, "Or maybe she didn't want to." He went on to say that Jim had very bad luck with friends, who would steal from him. Donnie frequently changed directions in his conversation, ruminating aloud, it seemed, about the things that he and his brother had experienced. He was somewhat

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unresponsive to questions, but rather chose the topics himself, letting forth with a stream of highly impassioned commentary about their childhood and his brother's behavior.

Generally, it should be noted that Donnie was willing to give his brother very little consideration or compassion, and was quite punitive in his tone, but as he described his childhood, he identified a number of issues that were quite significant. He described abuse perpetrated by Mr. Tolar upon Jim that made Donnie, himself, so angry that he felt like killing the man. He described Jim as a youngster who always had problems, and who was described as paranoid by the state psychologists who saw them as children. He indicated that Jim always seemed to feel that other people were against him. He talked of his brother's self-soothing behavior, rocking himself to sleep at night. He talked of their abandonment, if not physically, certainly emotionally, by family members who were unable or unwilling to provide care for them. Both he and his adoptive father affirmed that he has severe problems as well, and that even with the apparently wonderful care provided by his adoptive father for the past 14 years, he has tremendous difficulty managing his own aggressive impulses.

Hope Abbot

Hope Abbott, Jim's biological mother, was interviewed by telephone. She was observed to be highly emotionally labile and driven in her way of presenting information. She started by saying that Jim went to the Outreach Program in Canton, and was referred to Terrell State Hospital. She said that she had him taken there herself, by the Sheriff's Department, because he had been turned away three times before. She said that Dr. Bob Gold at Terrell turned him away. He said that Jim had no psychological problems, but was just alcoholic. She noted that he was having visual and auditory hallucinations, and she said that she knows about alcohol because his father was an alcoholic. Jim was in a hospital, Green Oaks, and was then at Oak Grove Alcohol Treatment Center. She said, "We did everything we could." She said that Jim was a wonderful boy, and that she gave him up for adoption at the age of seven. She had six children altogether, three before she married, and three with Donnie, Jim's father, who was an alcoholic. She said that Jim was the fifth of her six children. She was married to Donnie until he died, from 1973 until 1982 or 1983. He died of pancreatitis and gastritis, related to alcoholism. She said that he "beat the living daylights" out of her many times.

She said that Jim tried to commit suicide in 1997, overdosing on Benedryl, and was hospitalized in Kaufman. She said that he would work and then disappear for two weeks, would come home with funny stories about someone taking him off to California or something. She said that he drank a fifth a day. She said Jim began drinking when he was 16 years of age, following in his father's footsteps.

Ms. Abbott said that she wants the jury to spare Jim's life, and to see that he did not mean to do what he did. She said that he is a very bright, talented person. She said that she wants desperately to say something to the Cunninghams, but everything she wants to say seems grossly inadequate.

Ms. Abbott said that from the time Jim's sister got married, she herself reunited with Jim, and for the past seven years has been close to him and his sister. She said that she has not visited him at the jail because she has congestive heart failure, and she has no way to get there. She said that

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he is "a momma's boy," and she fears that he will go to pieces if she visits. They write one another. He told her that what happened was an accident. He had the hoses from the Wet Vac and was going to commit suicide. He bought scooters for some boys, friends of his sister, with the credit card, and she noted that he truly cared about these children, and knew he was going to die, and wanted to give them something to remember him by.

Asked about keepsakes or photographs that would depict their family during Jim's growing up years, Ms. Abbott said that Jim's paternal grandmother kept all of those pictures, and when she died, they disappeared. She said she believed Donnie had some pictures, and Samantha Murphy would have some yearbooks. Jim's sister, Tracy, might also have some items. Ms. Abbott said that Jim was a very precocious, funny child who always smiled. She said that if she lowered her voice and got gruff with him, it broke his heart. The other two boys would put him up to things, such as throwing rocks, or using a slingshot, and then if she got on to him, he would cry. They lived in Kaufman, where Jim's father was a heavy equipment operator. She, herself, was not allowed to work.

Ms. Abbott said that she understood that the Tolar family sexually abused Donnie and Jim. She said that they whipped the children with bed slats, locked them in the house, left them without food at times, and on one occasion, Donnie tore the room up. Ms. Abbott said that she, herself, was adopted and had a wonderful home, and she thought her children would have a wonderful life in adoption as well. She wept as she talked about what her sons had suffered in adoption, and about her part in having left them there, unknowingly.

Ms. Abbott talked about Jim's next adoptive family, the Murphys, and said that when he was a senior in high school, they split up, and the biological son stayed with the mother, while Jim decided to go with the father. She said that from that time on, Samantha Murphy would have nothing to do with Jim, and that broke his heart. She said that Donnie was adopted by Garth Looney, a wonderful, kind man who was like a dad to Donnie, and was good to all of them. She said that he was instrumental in getting her involved with her sons, after she had looked and looked for them, and could get no help from the state.

Ms. Abbott said that the Tolars released the children from adoption after one year, and Donnie went to a boy's school in Fruitdale, and Jim went there briefly as well. She said that she knew nothing of the sexual abuse, and she cried, saying that if she had known, for one second, "...you would be taking notes on me. I have no qualms about doing something to somebody that would do that to a child."

She said that when the children were young and still at home with them, they were never beaten. She said that she threw herself between the children and their father when he was in such a state. She talked of taking Jim and the other children to Buckner, saying that their paternal grandmother got them back from Buckner, in order to prevent her from getting them. A cousin then found a placement, when the paternal grandmother could not care for them, and that was when the Tolars took Jim and Donnie, who were then seven and eight years of age. She said that she met them and they were not good people, she now knows. The agreement was that she would be able to visit with the children, and they would be able to visit with their other siblings, but as soon as the adoption was final, they stopped allowing her to visit. She said that Jim and Donnie were put through hell.

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Ms. Abbott called another time to report that Jim had been taken off his anti-psychotic medication on the previous Thursday, and had suffered an incident at the jail, when he became angry with the guard. She said she was very upset that his medication was not being administered regularly, as it should be. In a subsequent telephone conversation she indicated that she had been in touch with Jim and he was distressed that his belongings had been taken from him when he was moved to "suicide watch," and had subsequently been lost. She said that she sends him \$75.00 to \$100.00 a month for commissary supplies, and has limited it because he can sometimes "go wild" with money. She said she called to confirm that supplies were indeed as expensive as Jim told her they were, and found that he had represented this correctly. She said she had decided that she would testify, although her doctor felt it would be a danger to her health to do so. She said that she feared she would always have trouble forgiving herself if she did not.

Celeste Tolar

Ms. Celeste Tolar was interviewed by telephone, and was willing to speak and to be quoted, on the condition that she could stop at any time. She said that she got Donnie and Jim Kines in 1983, and that her husband reminded her recently that Donnie came to their home a week or two before Jim, because Jim was in another family placement. She reported that Donnie was 8 and Jim was about 7 when they came, and she thought they might have been in third and second grades. A cousin of the children's father contacted them and arranged it. They eventually met the paternal grandparents, whom she believed to be the children's caretakers before. They also met the boys' father, Don, but only later met the mother, when she was signing the papers for the adoption. Asked if the mother was weepy or distressed, she said that she was not. She said she guessed Hope could not care for them "...just cause there was six of them, I guess..." She said that the Kines children, Holly, Jim, and Donnie, were all placed out of the home.

Ms. Tolar reported that the children were with them until January 1, 1986. They had three sons as well: Eric, one year younger than Jim; Jeremy, one year younger; and Terry, Jr., three years older. The children attended Grand Saline public schools. Jim was a fairly good student in regular classroom, and made several A's. He was never diagnosed with difficulties, while Donnie was on Ritalin briefly. Donnie and she were in therapy together, and she thought Jim might have been in on some of the sessions. She said that Donnie was a great deal more trouble than was Jim. She said that she and her husband wanted to do something right, to give the children a stable home, and they knew it would not be easy. She said Donnie said all along that he did not want to be adopted and he would tell the judge that, but when they went to the Court, "...of course he didn't."

Ms. Tolar indicated that they had an active life, with church, Scouts, and with the child care she provided for other children in the home. Donnie was loud, rebellious, and destructive. They would put him in a room for time out, and he would break a window or knock a hole in the wall. The other boys, "...could hear all of the conflict," she recalled. She said that Jim was not hard to manage until the last few months, and then the boys would team up some. Jim was lighthearted, entertaining, convivial, and full of life. They felt he had a bright future. They blame drugs and alcohol for his troubles. They did call the police for help with Donnie on one occasion. Asked if it was her husband who carried out most of the discipline, Ms. Tolar said she herself disciplined, "...to the best of my strength," but Terry, when he got home, would discipline them too.

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Asked, she said that Child Protective Services was never involved with their family. She said that the children acted better at school than at home. She said that she should have pictures and report cards, and when I asked if I could have access to them, she asked if I was for a lighter sentence or a heavier one. Told that I would gather all of the relevant information I could find about Jim and present it to the jury as objectively as I could, but that I was in fact hired by the defense attorney, she gave some consideration, and said that I could call back in 30 minutes and she would see if she could find the pictures. She noted that Jim had come by once with a friend, to visit, just after he got his driver's license, and that the house was all messed up then because they were doing some renovation. While we talked, she apparently looked for and found pictures, and noted that she had boxed up the pictures for each of the boys at some time.

Ms. Tolar said that the Murphy's, who adopted Jim later, had in fact been divorced before that placement, and then had reunited. She met Ms. Murphy on one occasion. She said Ms. Murphy met Jim thought the Fruitvale school. "...When we couldn't hold them any longer we turned them over to the Van Zandt County Children's Shelter," and they sent the children to the Fruitvale school. Ms. Murphy observed Jim to be about the same age and size as her son, and approached the Tolar's to see if she could adopt him.

Ms. Tolar said she and her husband were very hurt for Jim when they heard of this matter. She added that the boys had told them that their dad would get drunk and they would run off and come back later. They said their mother gave them up because she... "didn't want us." The grandparents were too old and sick to care for them, and their father was too sick as well. She noted that they lost both grandparents and their father while they were with the Tolar family. She said that Jim cried and grieved. Asked if he was a bed wetter, she said that he never was, but that he would get on his knees in bed and rock. Ms. Tolar cried as she described the photos she had found, and she gave permission for me to come and get them. I did so, and did not further discuss the matters with her, as she was clearly occupied with getting ready to leave town for a family reunion at Lake Whitney.

Tonya Thorp

Tonya Thorp, Jim Murphy's older half sister, gave the following information. She and her five siblings were placed at Buckner on a trial basis for a weekend in 1982 or 1983, when she was 13, and because she was headstrong and threatened to leave, she was not left there. An aunt in Grand Saline took her, while the other five stayed at Buckner. Tamera and Bob stayed for several months, and then their mother retrieved them and Tonya, while Donnie, Jim, and Holly stayed at Buckner. She next saw Jim at her wedding on April 16, 1994, and has since been in fairly regular contact with him. She and her husband, Randy, had two children, Ashley and Miranda, and then divorced. Jim lived with her and her daughters for one or two months, and was living there when this terrible thing happened. She was not aware that he was drinking, and while she knew he had a drinking problem in the past and had attended Alcoholics Anonymous, she operated under the assumption that he knew the rules at her home. He had to behave or to leave, so she assumed he was mindful of his behavior and was not drinking.

Ms. Thorp reported that before the children went to Buckner, they lived in Kaufman, sometimes with the paternal grandparents and sometimes down the road from there. Their mother left them

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alone and took off at one time when she was 11 or so, and she had to call her grandparents, who took them in. Their father, Roy Kines, was living there as well.

Ms. Thorp said that her mother was never abusive, but did smack her from time to time because she had a big mouth and she deserved it. Roy Kines was the disciplinarian, and he used a belt. On occasion, when he was mad at their mother, Tonya would get between them to protect her mother, and other times, her mother would get between Mr. Kines and Tonya or the other children. His violence and abusiveness generally occurred when he was drinking. He was always verbally abusive, saying, "You little shit!" or "Goddamn it, you little son of a bitch," to the children. If something happened and no one would confess to it, all of the children would get "...their butt whipped." She noted that Donnie was probably their father's favorite if there was a favorite, and she added, "He was exactly like Dad." She said that Jim "...was the sweet one, honest and truly. Donnie was always the bad one." She said that none of the family can believe Jim would do something like this and they are all in shock. He said that even Donnie is not capable of such a thing, but if either of them were to do something like this, it would be Donnie that she would expect would. Ms. Thorp said she knows and likes Chelsea, but Chelsea could be just as mean to Jim as Jim could be to her.

Matthew Murphy

Mr. Murphy was the adoptive brother of the same age as Jim Murphy, and he provided information indicating that from the time Jim came to their home to live, he told the Murphy family of the abuse that occurred at the Tolar home. He described having been tied in a chair, along with his brother, Donnie, so that the Tolar boys could beat on them. He and Donnie were locked out of the house at times, when the Tolars would go somewhere without them and not provide access to the house whenever they would get home. They were at times sent to bed without food, for punishment, or denied soft drinks or other foods that the Tolar boys were given.

Mr. Murphy further stated that at one point, Jim was very distressed that his brother, Donnie, could not also be adopted by the Murphys. He said that his family understood that Donnie had been the trouble maker, or the one with behavior problems, and his parents just could not take on the job of raising Donnie. When Donnie was old enough to drive, he began to come visit them.

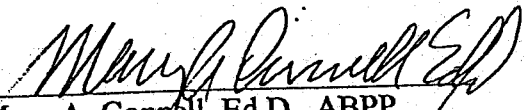
Mr. Murphy said that he and Jim were abused by their father, Bob Murphy, at times when he was drinking heavily. He told of one incident in which he got between Bob and Samantha Murphy during a physical confrontation, standing on a bed and hitting his father in the face with his fist, so that he was knocked down. He said he could only hit him the one time, and was very upset with himself for doing it, but he was not willing to stand by and let his father continue to beat his mother. He said Jim and he were regular witnesses to the marital physical fighting, and that Jim witnessed this incident as well.

Tracy Irwin

Ms. Irwin told of her own observations when her family adopted Jim. She affirmed that her mother had never forgiven Jim for going to live with Bob Murphy when the parents divorced the second time, and she said it was understood that Mr. Murphy had bribed him with promises of a

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pick-up and other material things. She said that Jim probably also understood that he would have more freedom with Bob Murphy than with Samantha Murphy. She talked of the physical abuse of Samantha and Matthew Murphy, and of Jim Murphy, at Mr. Murphy's hand, both when he was drinking and when he was sober. She reported that he was always an angry and violent man. She said there should be records of police calls to the home to handle domestic disturbance. She said that she recalled Jim's reports of abuse at the Tolar home. She spoke fondly of Jim and also of Donnie, who she came to know well, and provided pictures of them with her own children. She talked of her husband's closeness with Jim Murphy.


Mary A. Connell, Ed.D., ABPP
*Board Certified in Forensic Psychology by the
American Board of Professional Psychology*

Cc: File

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Defendant's Exhibit Number 64

Dr. Kessner Report

(Copy attached)



The Question of Future Danger to Society in Capital Cases

- ◆ Historical informal observations of murderers in prison and on parole
- ◆ The Texas death penalty statute and future danger to society
- ◆ The nature of science - gathering information rather than speculating
- ◆ The opportunity for scientific study of former death row inmates
- ◆ The collection of general information on inmate violence
- ◆ The application of violence risk assessment methods
- ◆ Standard allegation of future dangerousness in federal capital cases

Risk Components

Will there be violence?

1. What probability?
2. Of what form of violence?
3. At what time period?
4. In what context?

Risk Components

Will this driver have an accident?

1. What probability?
2. Of what type of accident?
3. At what age?
4. In what locale?

Will there be violence?

1. What probability?
2. Of what form of violence?
3. At what time period?
4. In what context?

Risk Assessment Techniques

More Scientific

1. Actuarial

(insurance company method)

2. Pattern

(using patterns of how the individual behaved in the past to estimate behavior in similar situations)

3. Intensive clinical evaluation

(short-term convergence, long-term personality trends)

4. Hypothetical inference

(stargazing, dot-to-dot)

Less Scientific

Models of Violence Risk Assessment:

A. Monahan (1981)

1. Actuarial methods, and
2. Dispositional/interactional/contextual approaches.

B. Morris & Miller (1985)

1. Actuarial (using how people like him have behaved to estimate how he will behave); and
2. Anamnestic (using how the individual behaved in the past to estimate behavior in similar circumstances);
3. Clinical (using life experience, training, knowledge of mental illness, observations, and diagnosis to estimate future behavior).

C. Hall (1987)

1. *Long-range violence* is best estimated by the base rate of violence in the group to which the individual belongs.
2. *Short-term (next several months) violence* potential is a function of the interaction of historical variables (nature of violent exposure, experience, and behavior), current operating variables (long-term disposition and short-term triggers), opportunity variables, and inhibitory variables.
3. *Imminent (next several days) violence* is a function of perpetrator variables, contextual stimuli, victim characteristics, and inhibitory factors.

D. Serin & Amos (1995)

1. Derive a group base rate estimate from relevant group demographic and dispositional factors.
2. Consider clinical information regarding past use of violence, disinhibitors, and persistence of antisocial behavior in conservatively revising the group base rate estimate to an individual base rate estimate.
3. Evaluate what risk management variables and what contextual factors might be modified to reduce the likelihood of violence.
4. Establish a final revised estimate of violence potential.

Base rate:

How often something happens

The statistical prevalence of a particular behavior over a set period of time.

The fundamental group statistic.

The single most important piece of information necessary to make an accurate prediction.

Actuarial Steps

1. Identify general characteristics
2. Review experience
3. Establish base rate (historic percentage)
4. Adjust base rate for context
5. Adjust base rate for individual differences
6. Adjust base rate for preventive measures
7. Compare to other base rates

Base Rates Relevant to Likelihood of Violence in Prison

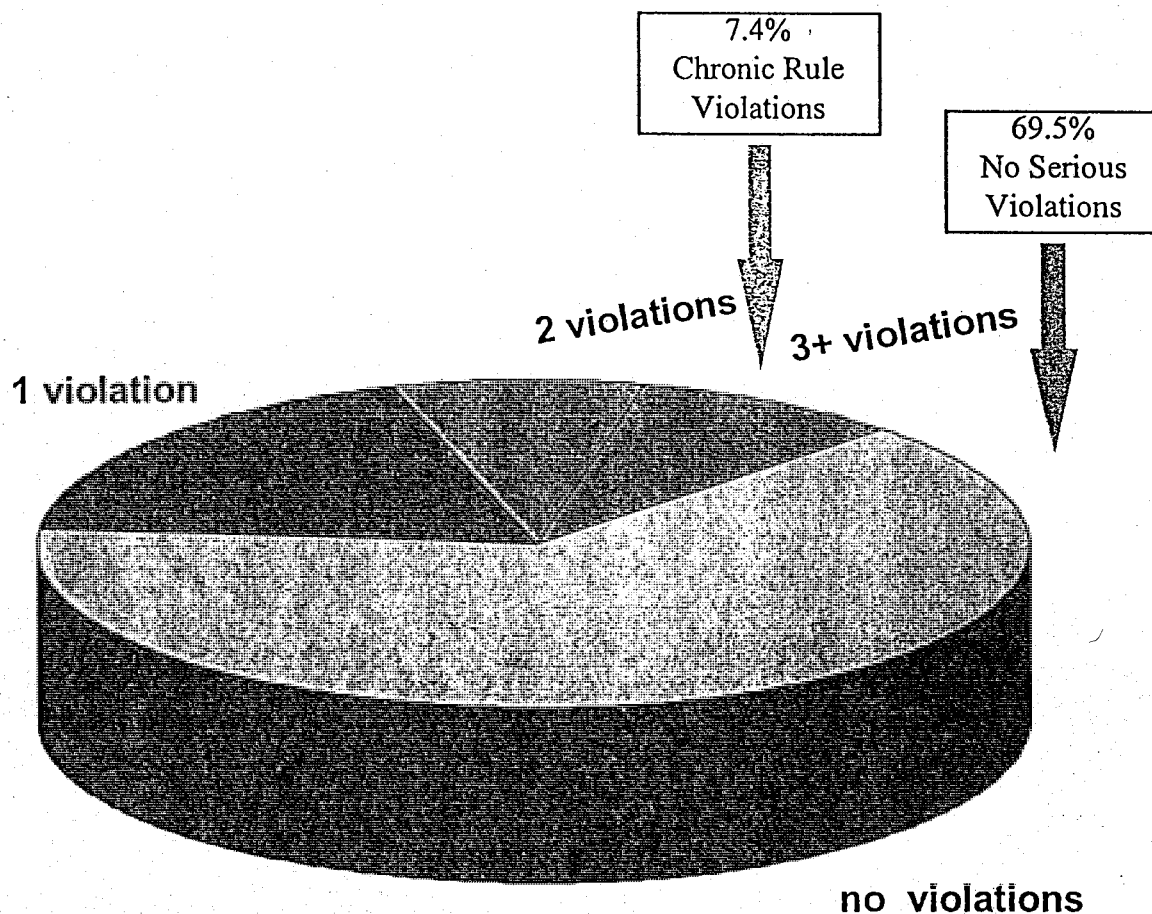
1. Capital offenders and murderers in the general prison population
2. Assaults by inmates in Texas and Federal prisons
3. Homicide of inmates or staff in state and Federal prison
4. Disciplinary infractions of short-term and long-term inmates
 - age at admission to prison
 - seriousness of infraction
 - fights/assaults among long-term inmates
5. Aging effects on criminality and violence

Why capital offender base rates apply to Jedidiah Murphy and other capital inmates in Texas

- ◆ Offense histories sufficiently violent and aggravated that a death sentence was sought and returned.
- ◆ Inmate offense distribution is similar from state to state.
- ◆ Prison facilities and procedures have broad similarity.
- ◆ Consistency of findings
 - diverse geographic regions
 - diverse time periods
 - diverse prison settings
 - diverse capital statutes
 - diverse capital offense characteristics

Furman Commutees: Serious Rule Violations Across 15 years

- 533 former death row inmates nationwide
- prison behavior over a 15 year period after removal from death row



Marquart, J. & Sorensen, J. (1989). A national study of the *Furman*-commuted inmates: Assessing the threat to society from capital offenders. *Loyola of Los Angeles Law Review*, 23 (5), 5-28.

Furman Commutees

VS.

Life Sentence Inmates

Death Row Commutees

N = 47

32 years old

followed 1973-1988 (10yrs)

no prison homicides

Life Sentence Inmates

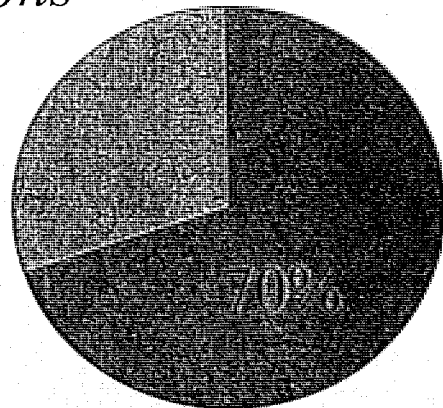
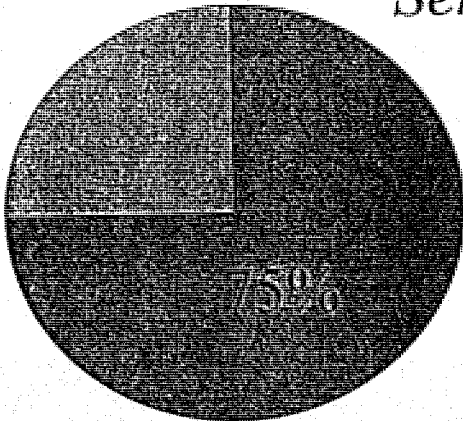
N = 156 (128 murd., 28rapists)

30 years old

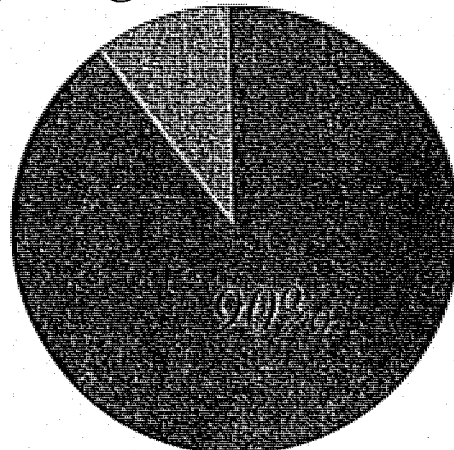
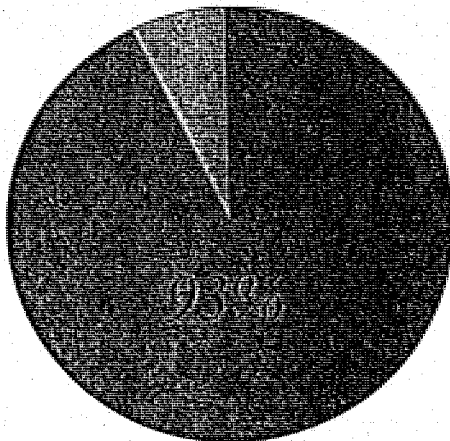
followed 1973-1988 (11yrs)

no prison homicides

Serious Infractions

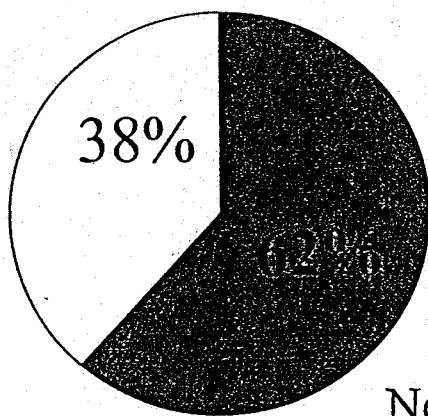
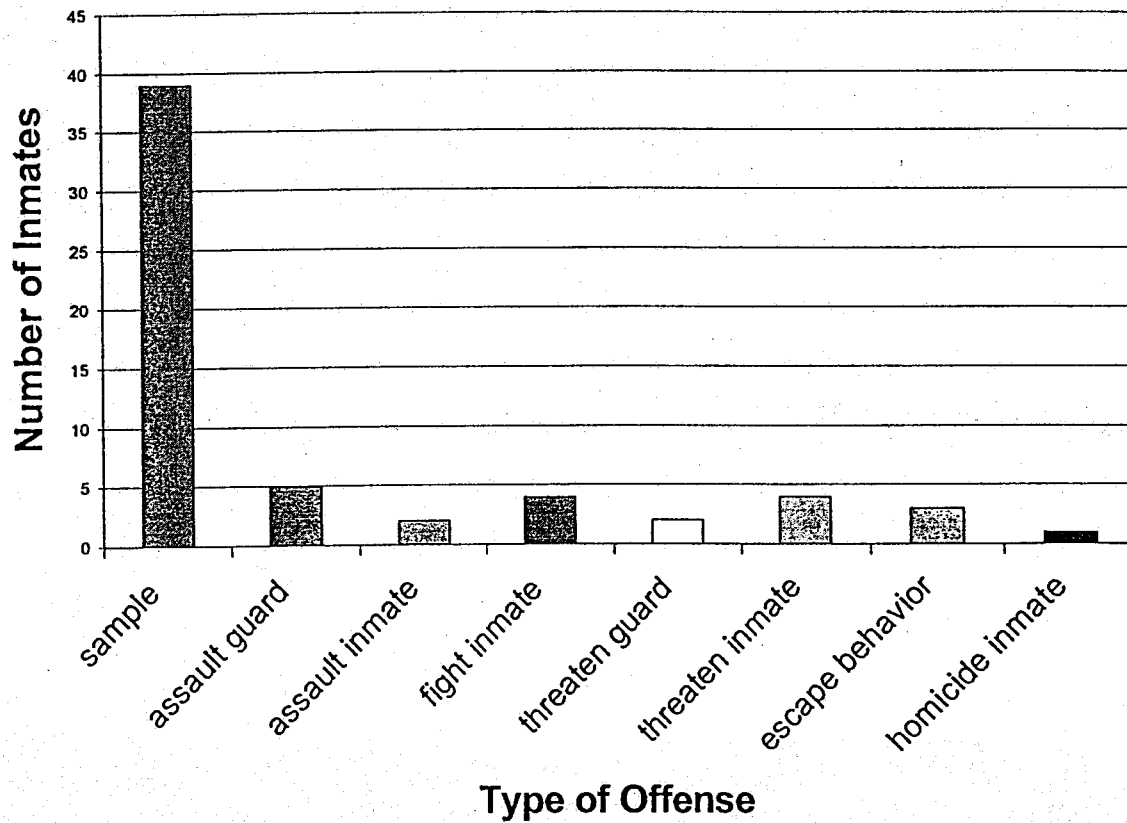


Aggravated Assault / Fighting with Weapon

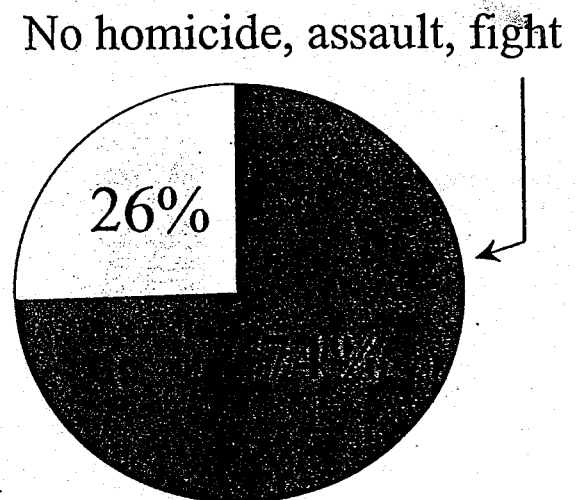


Indiana Commuted Capital Offenders

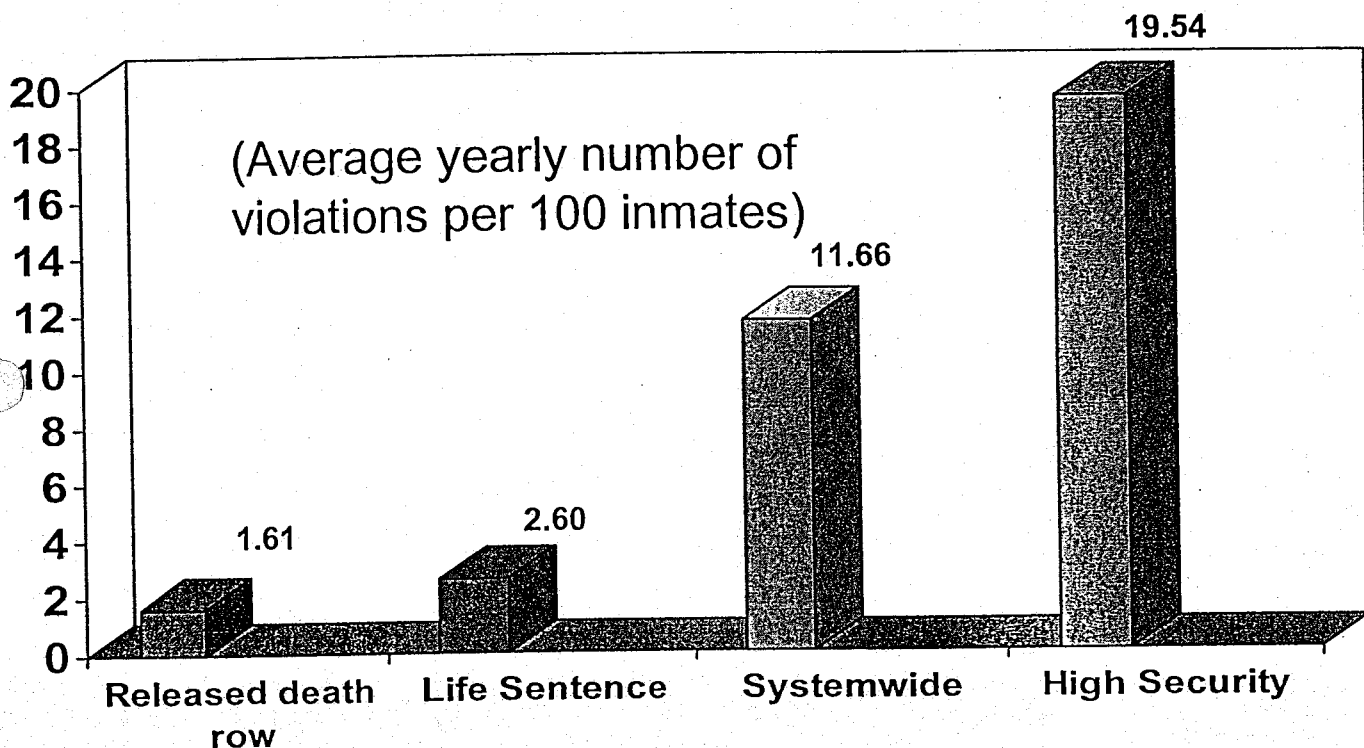
- ◆ 39 inmates commuted since 1972
- ◆ review of general population disciplinary records 3/99



Never admin seg



Reported Serious Violent Rule Violations



(90)

(107)

(38,246)

(1,712)

Marquart, J., Ekland-Olson, S., & Sorenson, J. (1989). Gazing into the crystal ball: Can jurors accurately predict dangerousness in capital cases? *Law & Society Review*, 23(3), 449-468.

A Few Bad Apples

- 8 (out of 90) of the inmates released from death row have been identified as gang members and have been confined indefinitely in administrative segregation.
- 6 (out of 107) of the control life sentence group have been identified as gang members and have been confined indefinitely in administrative segregation.

VS.

- 2/3 of both groups have never been in solitary confinement (punishment for serious disciplinary infractions).
- 90% of both the former death row inmates and the life sentence inmates held trustee status.

Sorensen & Wrinkle (1996)

Disciplinary records review 1977-1992

(Missouri state prisons)

93 death row inmates

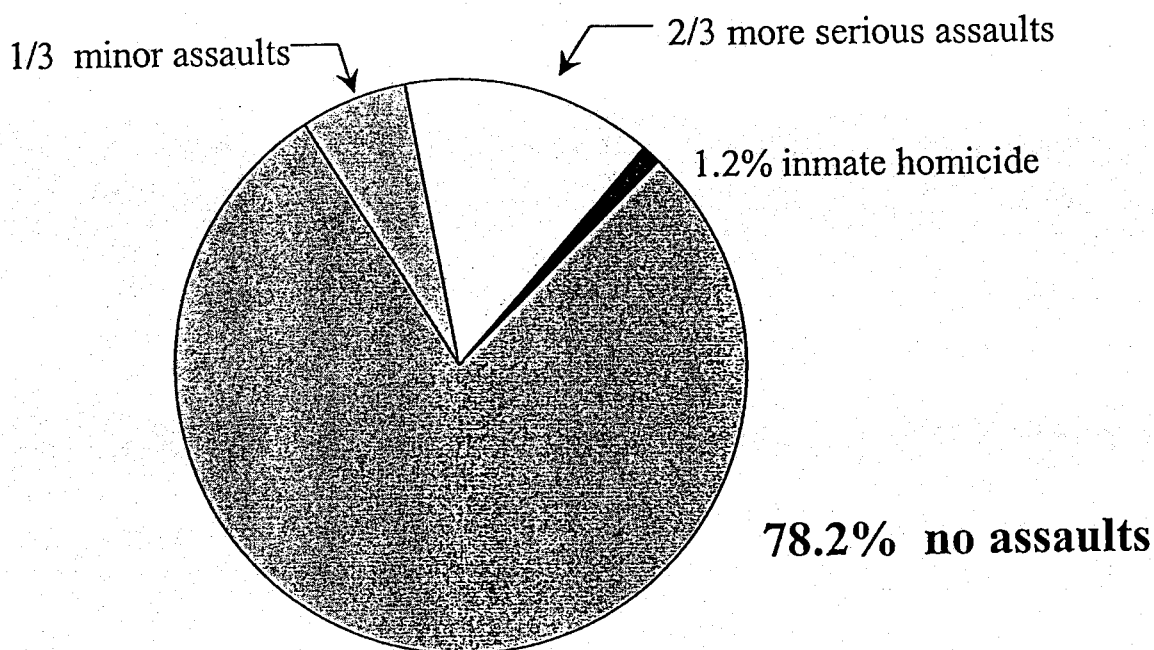
323 life-without-parole inmates

232 life-with-parole inmates

648 total

Three groups similar in assaultive rule violations

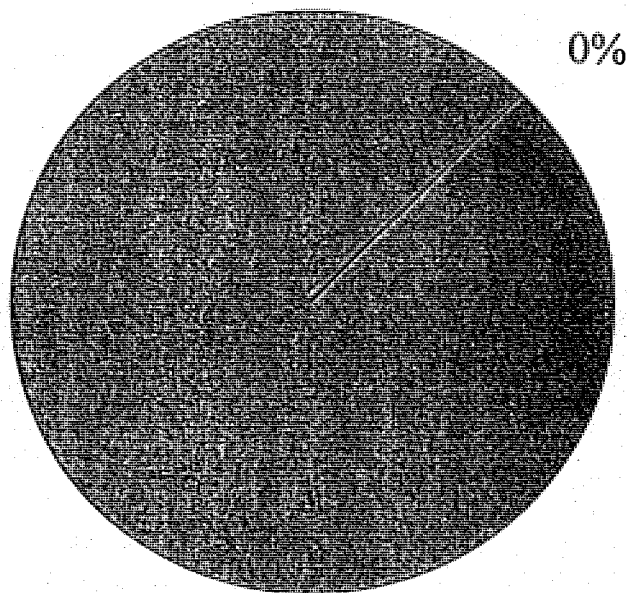
Cumulative prevalence across 15 years:



Prison Behavior of New Jersey Capital Offenders Following Commutation (34) or Retrial (21)

- 55 released from death row
- between 1907 and 1960
- in regular prison population serving term of imprisonment

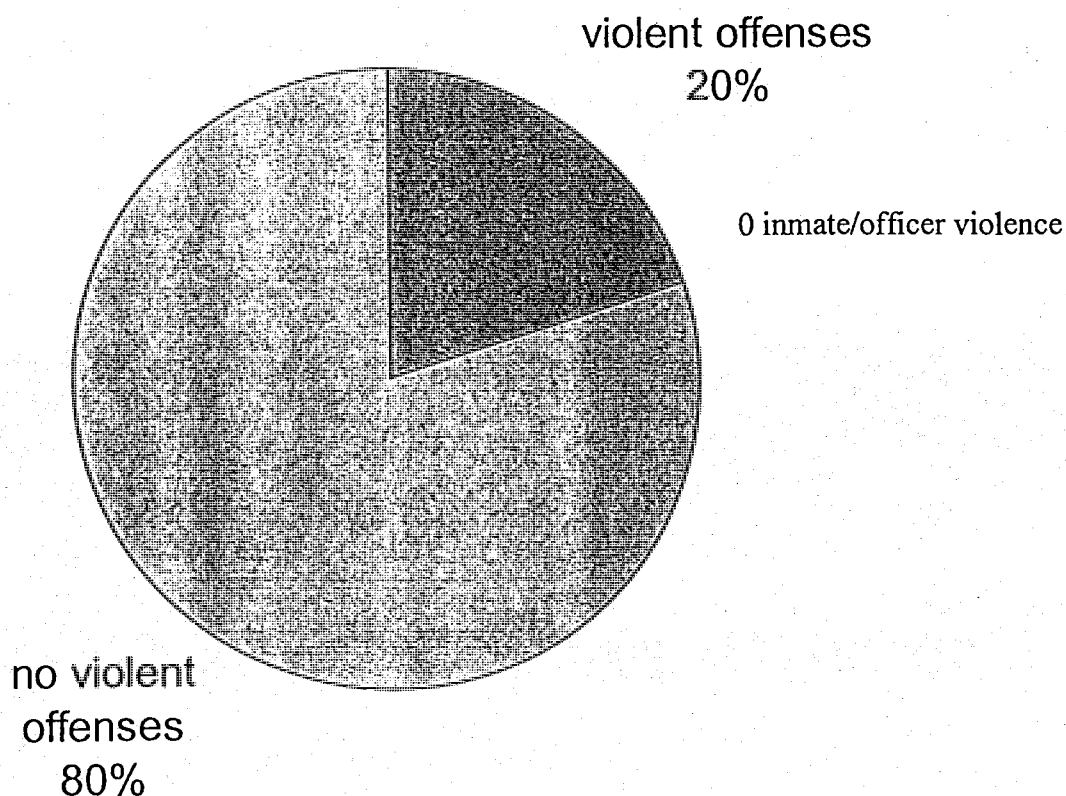
No allegations of unmanageable behavior



Bedau, H. (1964). Death sentences in New Jersey, 1907-1960.
Rutgers Law Review, 19, 1-64.

Commuted Texas Capital Offenders: Prison Behavior

- 100 death row inmates commuted
- Pre-Furman: 1924-1972
- Averaged 12 years in general prison population
- 80 committed no violent infractions



Factors Associated with Violence In First 6 months in Federal Prison Confinement

- ◆ Younger inmates
- ◆ More prior arrests & convictions
- ◆ Had not resided in major cities
- ◆ Severity of current offense did NOT predict inmate violence.

*Cooper R., & Werner P., Predicting Violence in newly admitted inmates.
Criminal Justice and Behavior. 17, 431-447.*

AVERAGE NUMBER OF PRISON RULE VIOLATIONS PER INMATE PER YEAR BY OFFENSE, 1986

ADMISSION OFFENSE	AVERAGE ANNUAL # OF INFRACTIONS PER INMATE
<hr/>	
TOTAL	1.5
VIOLENT OFFENSES	1.4
HOMICIDE	0.9
MANSLAUGHTER	0.8
ASSAULT	1.5
ROBBERY	1.9
RAPE	1.1
PROPERTY OFFENSES	1.8
DRUG OFFENSES	0.9
PUBLIC ORDER	1.1

SOURCE: BUREAU OF JUSTICE STATISTICS-SPECIAL REPORT 1989

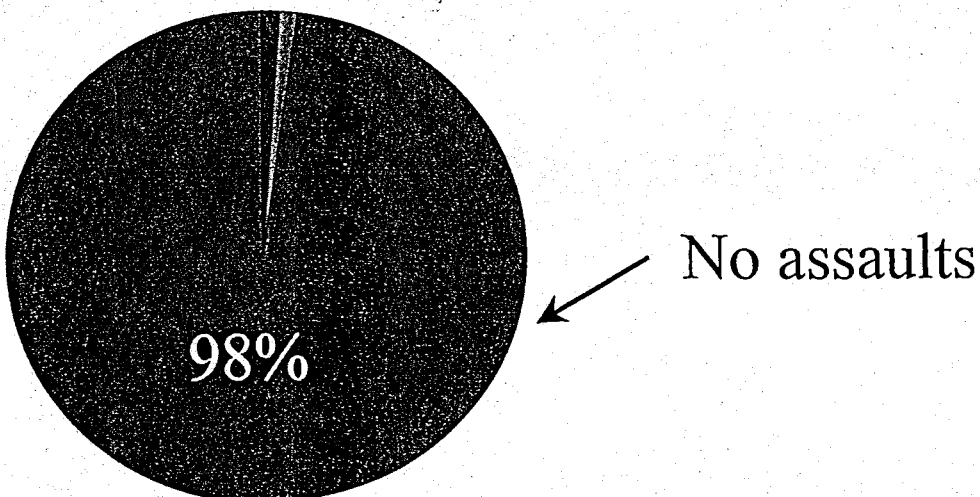
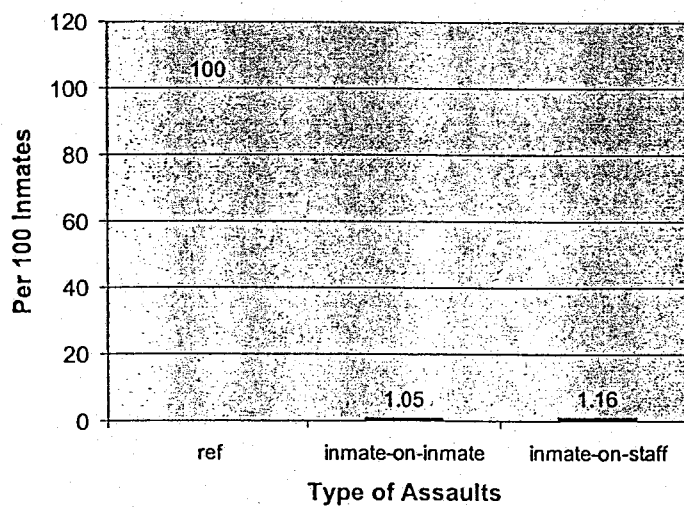
The Relationship of Offense History to Prison Adjustment

- ◆ Past violence in the community is not strongly or consistently associated with prison violence.
- ◆ Current offense, prior convictions, and escape history are only weakly associated with prison misconduct.
- ◆ Severity of offense is not a good predictor of prison adjustment.

Alexander, J. & Austin, J. (1992). *Handbook for Evaluating Objective Prison Classification Systems*. San Francisco: National Council on Crime and Delinquency. Sponsored by U.S. Department of Justice.

National Institute of Corrections, U.S. Department of Justice. (1992) *Jail Classification System Development: A Review of the Literature*, revised edition.

Rates of Assault in TDCJ - 1998



Base Rate of Inmate and Staff Homicide (1995)

Inmate-on-inmate homicide

Federal = 7 per 100,000 inmates

State = 5.6 per 100,000 inmates

Texas = 3.9 per 100,000 inmates

Inmate-on-staff homicide

Federal = 1 per 100,000 inmates

State = 1 per 1,000,000 inmates

Texas = 2 in past 18 years (1982 & 1999)

(1994-1995 State & Federal = 1.5 per 1,000,000 inmates annually)

Comparison (Murder & Non-negligent homicide- 1995):

United States = 8 per 100,000

Texas = 9.0 per 100,000

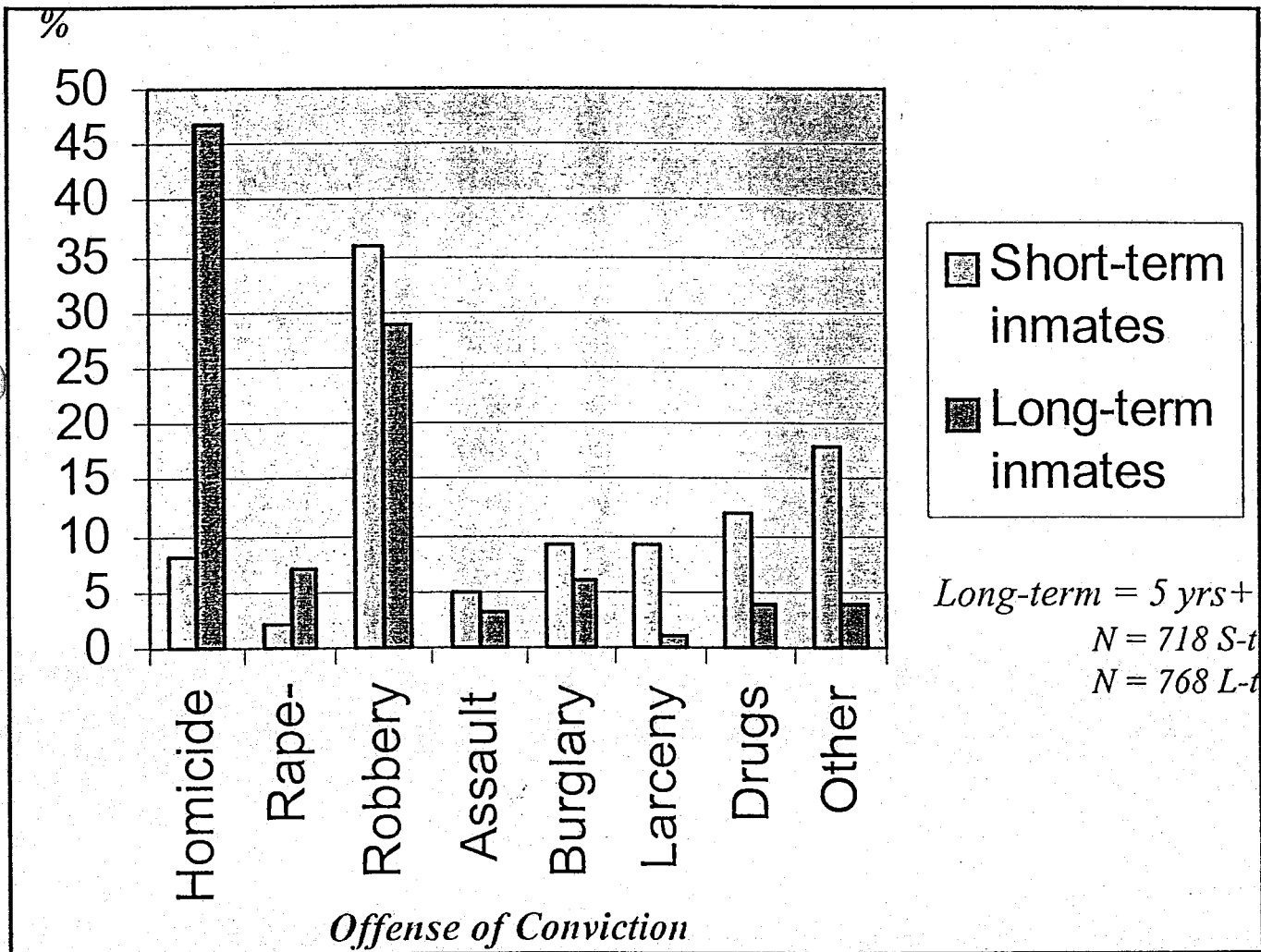
Houston = 18.2 per 100,000

Age 65+ = 1.1 per 100,000

Source of data:

Maguire, K. & Pastore, A.L., eds. (1997, 1998, 1999). Sourcebook of Criminal Justice Statistics – (1996, 1997, 1998). U.S. Department of Justice, Bureau of Justice Statistics. Washington, D.C.

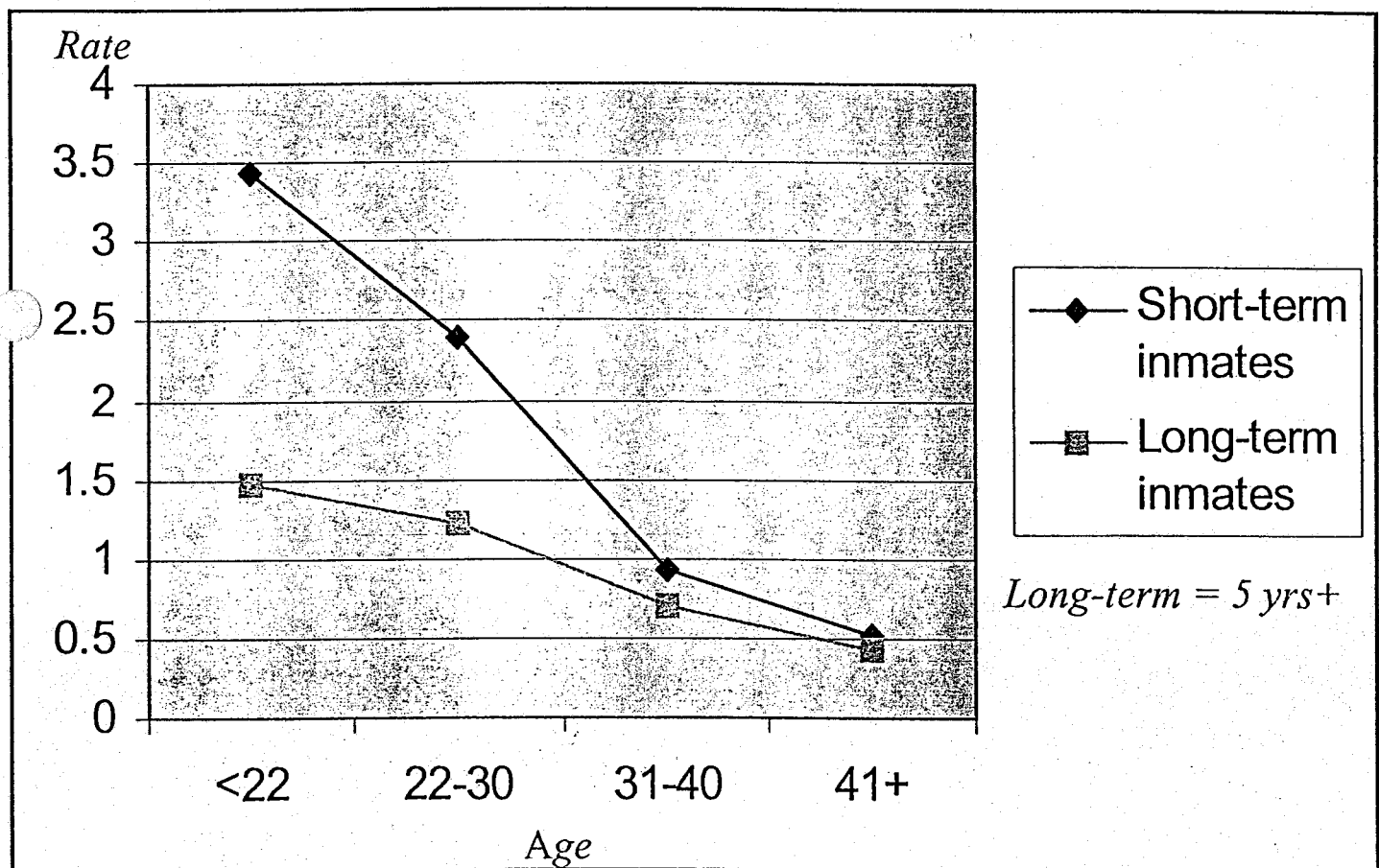
Distribution of Offense Type



source of data: Flanagan, T.J. (1979). Long-term prisoners: A study of the characteristics, institutional experience and perspectives of long-term inmates in State correctional facilities. Dissertation: School of Criminal Justice, State University of New York at Albany.

Disciplinary Infraction Rates

(Median, by age at admission and time served group)



source of data: Flanagan, T.J. (1979). Long-term prisoners: A study of the characteristics, institutional experience and perspectives of long-term inmates in State correctional facilities.

Dissertation: School of Criminal Justice, State University of New York at Albany.

see also: Flanagan, T.J. (1980). Time served and institutional misconduct: Patterns of involvement in disciplinary infractions among long-term and short-term inmates. *Journal of Criminal Justice*, 8, 357-367.

86 M. D. Cunningham and T. J. Reidy

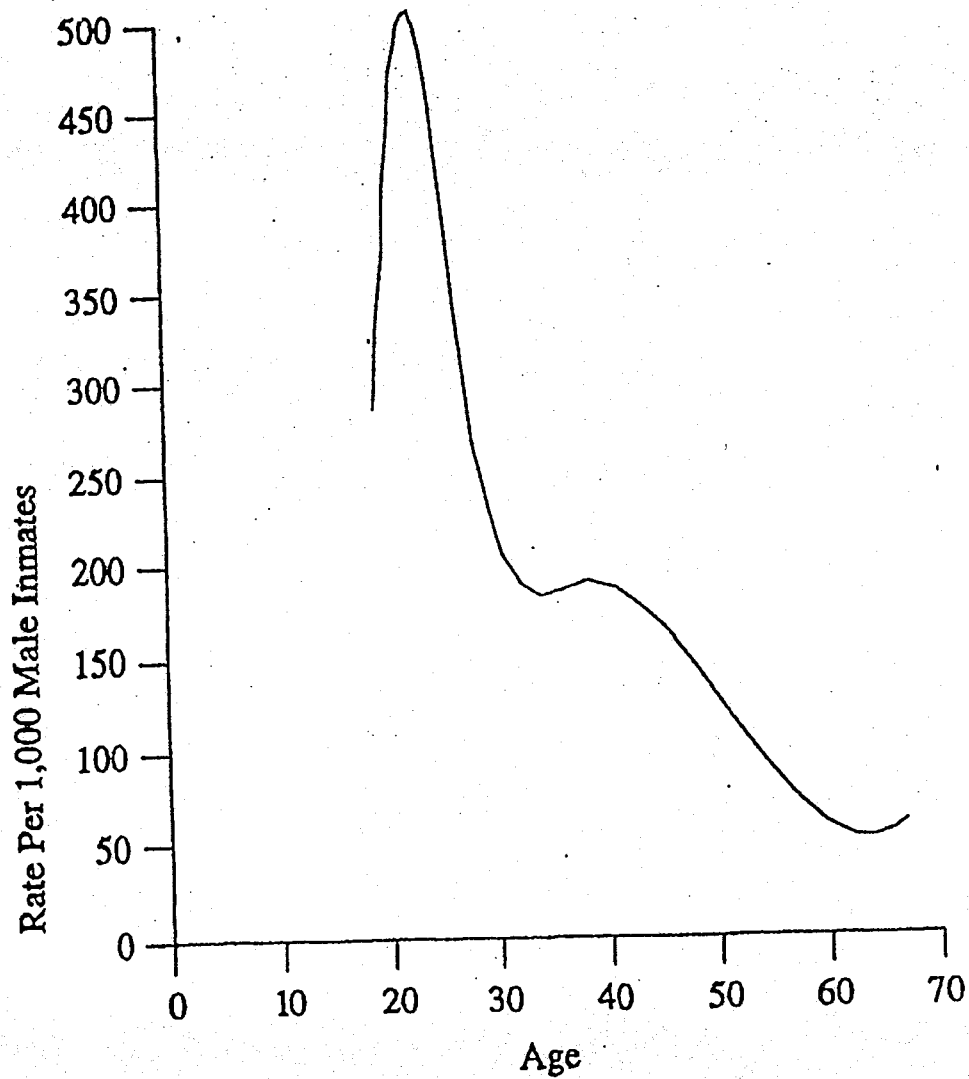
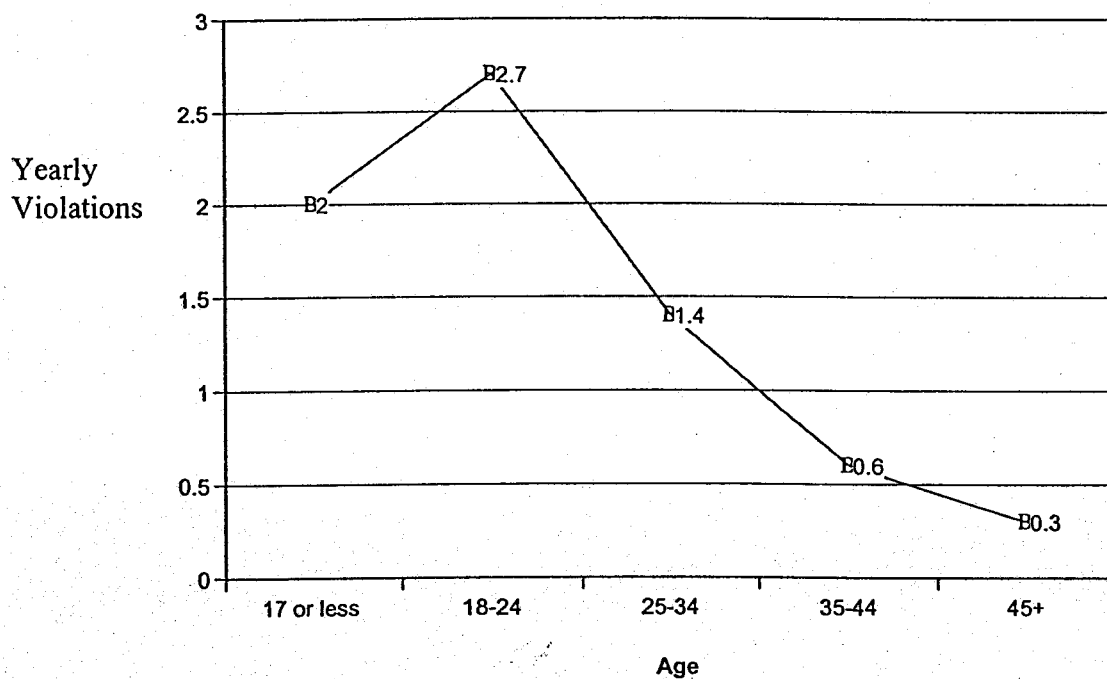


Figure 5. Incidence of prison infractions in NY, 1975, by age. (From: Hirachi & Gottfredson, 1989; copyright 1989 by The University of Chicago Press; used by permission of the publisher)

AVERAGE NUMBER OF PRISON RULE VIOLATIONS PER INMATE PER YEAR BY AGE



SOURCE: PRISON RULE VIOLATORS-BUREAU OF JUSTICE STATISTICS 1989

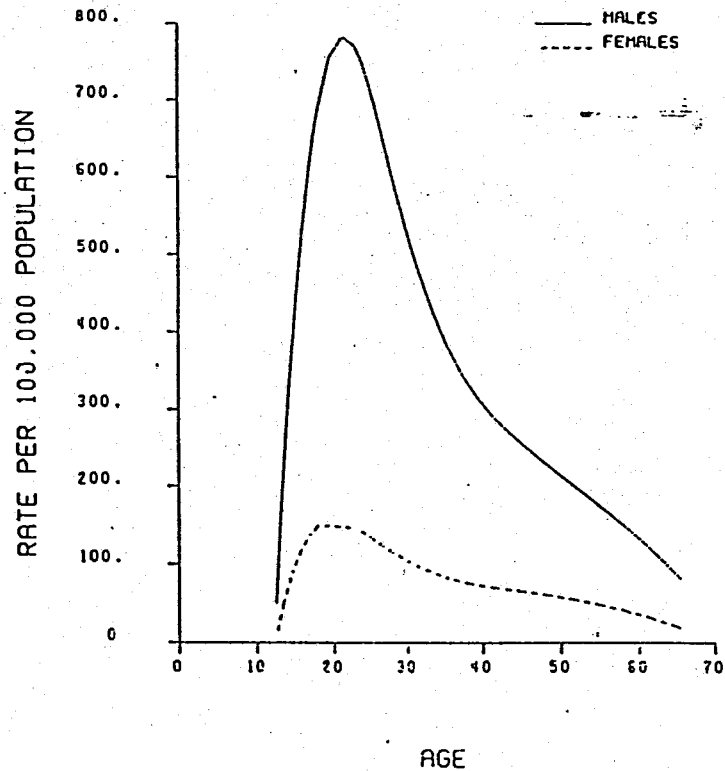


FIG. 1.—Criminal offenders in England and Wales, 1842, 1843, 1844, by age and sex. Rates per 100,000 population. (Source of data: Neison [1857, pp. 303–4].)

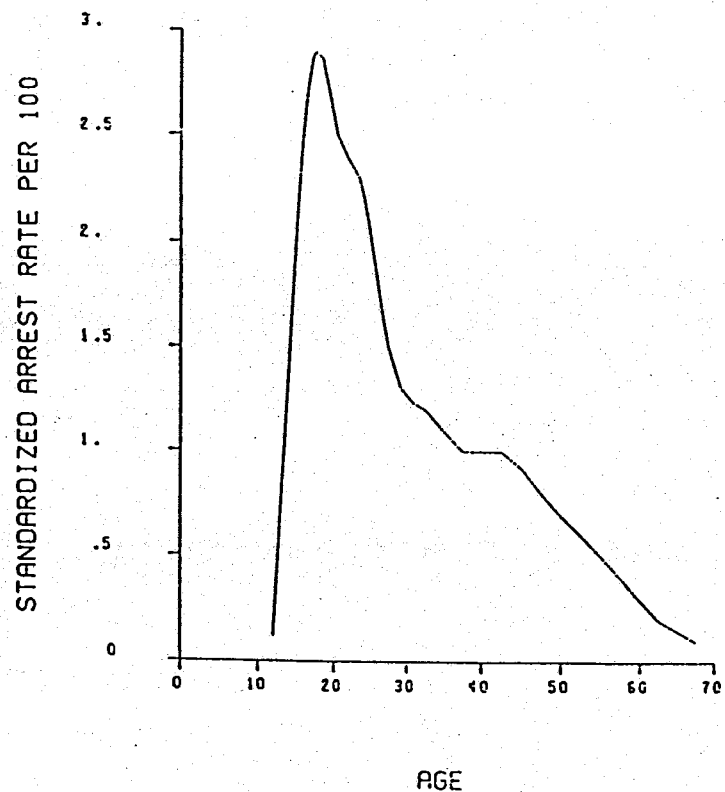
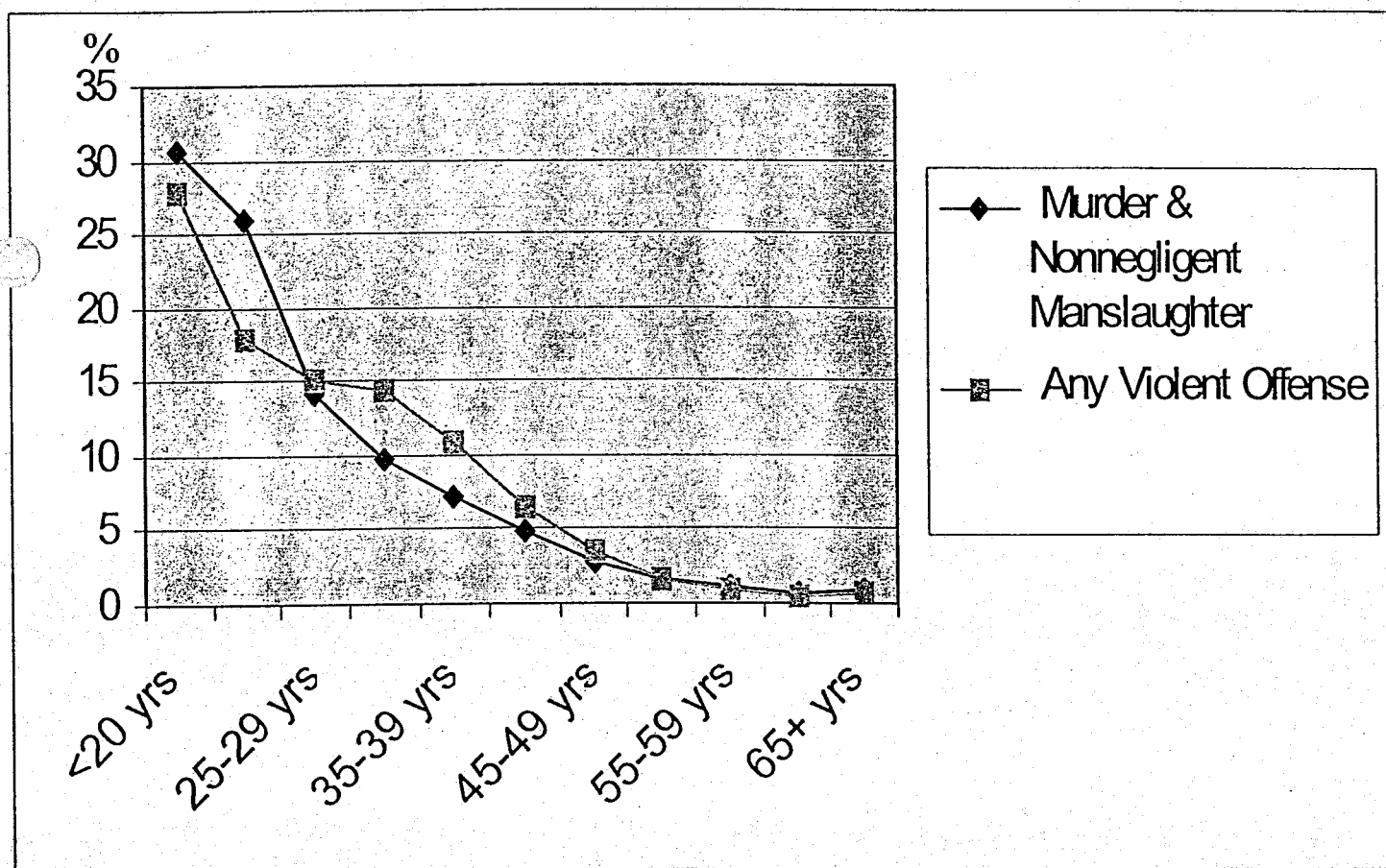


FIG. 3.—Age distribution of persons arrested in the United States for all offenses, standardized for their representation in general population, 1977. (Source of data: U.S. Department of Justice [1979, p. 171]. N.B.: Data are approximate.)

Arrests for Violent Offense and Murder by Age Group

United States 1995



Source of data: Maguire, K. & Pastore, A.L., eds. (1997). Sourcebook of Criminal Justice Statistics - 1996. U.S. Department of Justice, Bureau of Justice Statistics. Washington, D.C.

U.S. Department of Justice:

Characteristics of State Prison Inmates, 1991

Violent Offenders

- 47% convicted of violent offense
 - 23% of violent inmates had victimized more than one person
 - 46% of violent inmates carried or used a weapon in the offense
 - 67% carried guns
 - 56% fired gun in offense
 - 50% of violent inmates drinking or using drugs at offense

Homicide

- 12% convicted of homicide
 - 28% under influence of drugs

Life Sentence

- 10% sentenced to life
 - 50% had prior incarceration
 - 67% had prior sentence to prison or probation
 - 33% had three or more prior sentences
 - 30% had prior sentence for a violent offense

Maximum Security

- 74% had a current or prior sentence for violent offense

U.S. Department of Justice:

Characteristics of State Prison Inmates, 1991 (2)

General Prison Population

- 60% had been incarcerated in the past
- 80% had earlier been sentenced to probation or incarceration
- 40% had prior conviction as a juvenile
- 70% had prior conviction as an adult
- 31% committed offense under the influence of drugs
- 16% used or had a gun while committing current offense

Summary of Prison Violence

Base Rate Findings

- ◆ Commuted capital offenders have a very low rate of serious violent infractions.
- ◆ Seriousness of offense does not predict prison violence.
- ◆ Texas prisoners have low rates of serious violence toward inmates and staff.
- ◆ Rates of inmate and staff homicide in prison are lower than the general population.
- ◆ Violent offenders represent almost half of the state prison population. Murderers represent over 11% of the state prison population.
- ◆ Almost half of long-term inmates are murderers.
- ◆ Disciplinary infraction rates are *lower* for long-term inmates than short-term inmates within each age-at-admission category
- ◆ Infraction rates are progressively lower as an inmate ages. This is consistent with multiple studies which demonstrate markedly decreasing rates of criminality and violence with aging.

Summary of Prison Violence

Base Rate Findings

- ◆ Capital inmates have low rates of violence in the general prison population
- ◆ Seriousness of offense does not predict prison violence.
- ◆ Infraction rates are progressively lower as an inmate ages. This is consistent with multiple studies which demonstrate markedly decreasing rates of criminality and violence with aging.

Anchoring Base Rates:

- ◆ Assault = 20 - 30%
- ◆ Repetitive assault = 10%
- ◆ Aggravated assault on staff = 1%
- ◆ Homicide of inmate = .2 per 1000 in Texas
- ◆ Homicide of staff = 1 per 1,000,000 annual

Factors Predictive of Increased Risk for Violence in Prison

- 6,390 murderers convicted 1989-1999
- Followed an average of 4.55 years
- Rates of serious violence* extrapolated for life sentence

16.4 Base rate of serious violence
+ 7.4 Robbery/burglary
+5.6 Multiple victims
+4 Attempted murder assault
+10.4 Gang membership
+ 5.3 Prior prison term
+5.5 Age less than 21

*Homicide, attempted homicide, assault with a weapon, fight with a weapon, sexual assault, robbery on inmate. Aggravated assault on correctional officer.

Sorensen J.R. & Pilgrim, R.L. (in press). Actuarial assessments of future dangerousness in the punishment phase of capital trials. Journal of Criminal Law & Criminology

Factors Predictive of Reduced Risk for Violence in Prison

16.4 Base rate of serious violence

-7.2 Age 26 through 30

-12.3 Age 31 through 35

-14.4 Age over 35

Individualized Risk Range > 2% to 54.6%

*Homicide, attempted homicide, assault with a weapon, fight with a weapon, sexual assault, robbery on inmate. Aggravated assault on correctional officer.

Sorensen J.R. & Pilgrim, R.L. (in press). Actuarial assessments of future dangerousness in the punishment phase of capital trials. Journal of Criminal Law & Criminology

Individualized Actuarial Likelihood of Jedidiah Murphy Exhibiting Severe Violence in Prison

16.4 Base rate of serious violence

+7.4 Robbery

[5.3] *Prior prison term*

23.8 – 29.1% Overall risk rate

*Homicide, attempted homicide, assault with a weapon, fight with a weapon, sexual assault, robbery on inmate. Aggravated assault on correctional officer.

Sorensen J.R. & Pilgrim, R.L. (in press). Actuarial assessments of future dangerousness in the punishment phase of capital trials. Journal of Criminal Law & Criminology

Likelihood of Jedidiah Murphy Exhibiting Severe Violence in Prison

Relative to Base Rates

Increased Risk

- Robbery in the course of capital offense
- [Prior prison (TDCJ) Boot Camp w/ positive adjustment]

Decreased Risk

- Correctional behavior
 1. No disciplinary write-ups
 2. No write ups for predatory assault in jail custody
- Hospital behavior
 1. No predatory assault against patients or staff
 2. Not discharged as having unmanagable
 3. Seeks mental health treatment
- Family contact
 1. Family members supportive

Custody Options

TDCJ General Population

Close Custody

Administrative Segregation



TDCJ Super Maximum

single cell

meals in cell

restricted movement

23 hour per day lockup

Custody Interventions Relevant to Risk Assessment

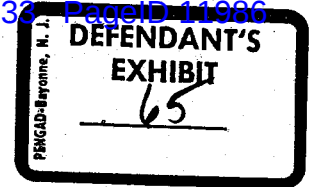
- ◆ Deterrence
- ◆ Classification
- ◆ Medication consultation
- ◆ Counseling
- ◆ Prevention and rehabilitation classes
- ◆ Mentoring
- ◆ Religious programs
- ◆ Educational programs
- ◆ Work programs
- ◆ Inmate organizations

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Defendant's Exhibit Number 65

Behavior Sheet

(Copy attached)



Antisocial Personality Disorder Prevalence Among Prison Inmates

Estimates of an APD diagnosis in an incarcerated male population range from 49%-80% as cited by Widiger & Corbitt, 1995

Guze et al. (1969)	Sociopathy	79%
Hare (1980)	DSM III APD	76%
Hare (1985)	DSM III APD	49%
Hare (1991)	DSM III – IIIR APD	80%
Cote & Hodgins (1990)	NIMH DIS	61%
Hart et al. (1992)	DSM III R APD	64%

The diagnosis of Antisocial Personality Disorder alone then describes little about prison behavior and recidivism outcome except that the individual is similar to most prison inmates, and thus APD is not in and of itself an indication of a particularly dangerous or incorrigible inmate.

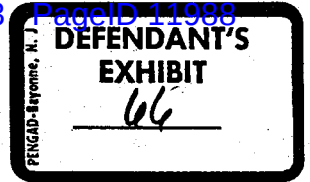
Widiger, T.A., & Corbitt, E. (1995). Antisocial Personality Disorder. In W.J. Livesley (Ed), *The DSM IV personality disorders* (pp. 103-134). New York: Guildford Press

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Defendant's Exhibit Number 66

Behavior Sheet

(Copy attached)



Antisocial Personality Disorder: Criminality Prevalence in Community

53% of community residents diagnosed
with Antisocial Personality Disorder
had no significant arrest record.

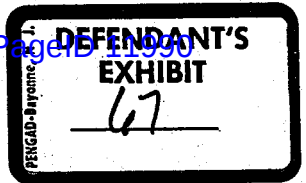
NIMH Epidemiologic Catchment Area Study, 1991

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Defendant's Exhibit Number 67

Behavior Sheet

(Copy attached)



Antisocial Personality Disorder: Diagnostic Soundness Problems

1. Shifting diagnostic criteria

- DSM II APD share no common criteria with DSM-III, one with DSM-III-R
- Diagnostic criteria changes not driven by research

2. Innumeracy of symptom variations

- DSM -III-R = 3.5 million, DSM-IV = 400,000

3. Absence of symptom weighting

- Pervasive pattern of any three of seven
- Different subtypes likely to vary in important ways

4. Temporal instability

- Interrater reliability of APD diagnosis with repeated evaluations only 42.9% to 58.8%
- Lower prevalence rates over age 45 than those younger than 45
- Aging out by fourth decade with remission or reduced criminal behavior, substance abuse and other antisocial acts

5. APD overlap with Substance Use Disorders

- Repeated illegal acts, deceitfulness, impulsivity, aggressiveness, recklessness, irresponsibility apply to both
- Difficult to determine if substance disorder is causing antisocial conduct, or APD is causing substance disorder

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Defendant's Exhibit Number 68

Business Records

(Copy attached)

CAUSE NO. F00-02424

FILED

THE STATE OF TEXAS

§

2001 MAY 15 PM 1:00
IN THE 194TH JUDICIAL

VS.

§

JIM HAMLIN
DISTRICT CLERK
DISTRICT COURT OF
GREEN CO., TEXAS

JEDIDIAH ISAAC MURPHY

§

DEPUTY
DALLAS COUNTY, TEXAS**NOTICE OF FILING OF BUSINESS RECORDS PURSUANT TO RULE 902(10)**

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, the Defendant, by and through his attorney, Jane Little, and files this his Notice of Filing of Business Records Pursuant to Rule 902(10), Rules of Criminal Evidence, and respectfully shows unto the Court the following:

I.

The State hereby files self-authenticated business records from the following persons or entities more than fourteen (14) days prior to the commencement of trial:

1. Presbyterian Hospital of Kaufman
2. Aavid Thermal Tech
3. Fruitvale School
4. MHMR

Respectfully submitted,

Jane Little
 Jane Little
 Assistant Public Defender
 133 N. Industrial Blvd
 Suite C-1., LB 2
 Dallas, Texas 75207
 (214) 653-3550
 State Bar No. 12424210

CAUSE NO.

F10-02424

STATE OF TEXAS

§
§
§
§
§194th Judicial FILED

V.:

DISTRICT COURT MAY 15 PM 1:00

JERIDIAN ISAC MURPHY

DALLAS COUNTY, TEXAS

JIM HARLIN
CLERK
DALLAS CO. TEXAS
AMS
DEPUTYBUSINESS RECORD AFFIDAVIT

Before me, the undersigned authority appeared WINNIE BOEHNE, who, being by me duly sworn, deposed as follows:

My name is WINNIE BOEHNE, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of AAVID THERMAL TECH.. Attached hereto are 33 pages of records from AAVID THERMAL TECH.. These said 33 pages of records are kept by AAVID THERMAL TECH. in the regular course of business, and it was the regular course of business of for an employee or representative of AAVID THERMAL TECH., with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the exact duplicates of the original.

J. Boehne
AFFIANT

SWORN TO AND SUBSCRIBED before me on the 15th day of May, 2001.

Notary Public,

Larry P. Reid State of Texas

LARRY P. REID Notary's printed name:

My Commission expires: _____



Affidavit - Solo Page

1. **Address** - P.O. Box 400
2. **City** - New Hampshire 03247-0400
3. **Human Resources**: (603) 527-2118 • Fax: (603) 527-2369

As a condition of your continuing at Aavid Thermal Technologies, Inc., you may be subject to periodic testing for the use of alcohol or illegal drugs. You will be deemed to have consented to these tests by continuing your employment with Aavid.

Applicant: Consistent with applicable federal and state laws, all employment applications are considered by Aavid Thermal Technologies, Inc., without regard to race, religion, color, sex or national origin.

PERSONAL

Date: 5-7-97

NAME: MURPHY JEDIDIAH ISAAC 456-71-2611
last first middle social security number

ADDRESS: 6305 F.M. 429 KAUFMAN TX 75142
no. street city state zip

Telephone No. 972-962-7443 Referred by: ☒ Our Advertisement ☐ Friend/relative

When can you start: WHENEVER ☐ Emp. Agency ☐ No one

Position(s) applied for: FORKLIFT OR MACHINERY Full time ☒ Part time ☐ Temp ☐

Rate of pay expected: \$ per If part time specify days/hours

Are you 18 or over? YES (If no, hire is subject to minimum legal age verification.)

Are you willing to work 2nd shift? ☐ Yes ☐ No 3rd shift? ☒ Yes ☐ No Veteran? ☐

Shift preference: ☒ 1st ☐ 2nd ☒ 3rd ☐ Other

Have you ever applied for work here before? YES If yes, when: A YEAR AGO

Have you worked for us before? NO If yes, when: Position:

Describe any specialized training, apprenticeship, skills, and extracurricular/personal activities:
FORKLIFT, CRANE, TRACTOR ETC. OPERATOR, SHEAR, ASSEMBLY ETC.

Have you ever been convicted of a crime which has not been formally pardoned, other than motor vehicle offenses resulting in a fine? ☐ Yes ☒ No If yes, explain

In case of an emergency, notify: HOPE ABBOTT name
6305 FM 429 972-962-7443
address phone

PERFORMANCE REQUIREMENTS:
If you are offered a job with Aavid Thermal Technologies, Inc., the offer and continued employment will be based upon your being able to satisfy the physical conditions of the job which were explained to you at the time of the interview. Your job offer or continued employment cannot and will not be rescinded based upon your physical appearance or condition unless you or your supervisor determine that you cannot perform the essential functions of the job (with reasonable accommodations if requested) or you present a hazard to yourself or others. False or misleading statements in completing the review will be considered cause for termination.



AAVIDTM

THERMAL TECHNOLOGIES, INC. — the industry leader in thermal management products

Application for Employment

Case 3:10-cv-00163-N Document 42-15 Filed 05/05/10 Page 475 of 533 PageID 11995

16 Ol Path • P.O. Box 400
 onia, New Hampshire 03247-0400
 man Resources: (603) 527-2118 • Fax: (603) 527-2369

As a condition of your continuing at Aavid Thermal Technologies, Inc., you may be subject to periodic testing for the use of alcohol or illegal drugs. You will be deemed to have consented to these tests by continuing your employment with Aavid.

Applicant: Consistent with applicable federal and state laws, all employment applications are considered by Aavid Thermal Technologies, Inc., without regard to race, religion, color, sex or national origin.

PERSONAL

Date: 2-9-96

Name: MURPHY JERIDIAH ISAAC 456-71-2616
 last first middle social security number

Address: 6305 FM 429 KAUFMAN TX 75142
 no. street city state zip

Telephone No. 214-962-7443 Referred by: ☒ Our Advertisement ☐ Friend/relative

Date you can start: ASAP ☐ Emp. Agency ☐ No one

Position(s) applied for: FORK LIFT OR ANY Full time ☒ Part time ☐ Temp ☐

Rate of pay expected: \$ 5.50 per hour If part time specify days/hours FULL TIME

Are you 18 or over? YES (If no, hire is subject to minimum legal age verification.)

Are you will to work 2nd shift? ☒ Yes ☐ No 3rd shift? ☒ Yes ☐ No Veteran? NO

Shift preference: ☒ 1st ☒ 2nd ☐ 3rd Other ☐

Have you ever applied for work here before? NO If yes, when? N/A

Have you worked for us before? NO If yes, when? N/A Position: N/A

Describe any specialized training, apprenticeship, skills, and extracurricular/personal activities: HEK OUT OF

DALLAS I WORKED AS A FORK LIFT OPERATOR

ALSO WORKED IN FABRICATION & SHIPPING &

RECEIVING

Have you ever been convicted of a crime which has not been formally pardoned, other than motor vehicle offenses resulting

solely in a fine? ☐ Yes ☒ No If yes, explain ☐

In case of an emergency, notify: HOPE ABBOTT name

SPRINGFIELD APTS. 214-962-5965
 address phone

PERFORMANCE REQUIREMENTS:

If you are offered a job with Aavid Thermal Technologies, Inc. the offer and continued employment will be based upon your being able to satisfy the physical conditions of the job which were explained to you at the time of the interview. Your job offer or continued employment cannot and will not be rescinded based upon your physical appearance or condition unless you or your supervisor determine that you cannot perform the essential functions of the job (with reasonable accommodations if requested) or you present a hazard to yourself or others. False or misleading statements in completing the review will be

DRUG SCREENING POLICY STATEMENT FOR JOB APPLICANTS

It is the policy of AAVID Thermal Technologies, Inc. to maintain a safe, healthful and productive work environment for our employees; to provide quality services for our customers in an efficient manner; to maintain the integrity and security of our facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the communities in which we are located.

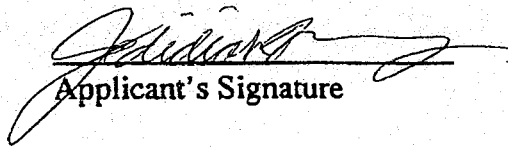
Because of this AAVID Thermal Technologies, Inc. requests that candidates for employment who receive job offers take a pre-employment physical examination which includes a drug screening test covering illegal substances and legal substances subject to abuse. All job offers are conditional on passing the physical examination and drug test.

Each eligible candidate will be required to submit a urine and/or blood specimen or other appropriate sample as part of the physical examination and to sign the following Consent and Release. **Refusal will result in the candidate's disqualification for further employment consideration.** AAVID Thermal Technologies, Inc. will not knowingly hire anyone who tests positive for substance abuse.

CONSENT AND RELEASE LIABILITY

I UNDERSTAND that AAVID Thermal Technologies, Inc. requests that I take a pre-employment physical examination which includes appropriate tests to determine the absence or presence of drugs.

I RELEASE AAVID Thermal Technologies, Inc., its parent and affiliated corporations, and their employees and agents from any and all potential liability arising from this request, from taking such tests, or from my failure or refusal to submit to such tests.


Applicant's Signature

CONSENT voluntarily to the physical examination including the drug test.

Applicant's Signature

REFUSE to submit to such tests. I understand that this refusal will disqualify me from further employment consideration.

5-7-97
Date

Date for orientation: 5-15-97

PAYCHEX

Case 3:10-cv-00163-N Document 42-15 Filed 05/05/10 Page 477 of 533 PageID 11997

Employee Profile

564

Employee # <u>#0564</u>	Name <u>JEDIDIAH MURPHY</u>
S.S.# <u>456-71-2610</u>	Address <u>6305 FM 429</u>
	City/State <u>KAUFMAN TX</u> Zip <u>75142</u>
	Federal: <u>M</u> Marital Status <u>M</u> Exemptions <u>0.2</u>
Hourly Rate 1 _____	State: _____
Hourly Rate 2 _____	Local: _____
Hourly Rate 3 _____	Male/Female: <u>MALE</u>
Birth Date <u>09/01/75</u>	Start Date <u>5/15/97</u> Termination Date <u>1</u>

Supervisor indicate:

Hire Date: 5-15-97

Start Date: 5-15-97

Dept. # and Name: 165

Shift: 3

Base Rate: \$ _____

Shift Prem: _____

Pay Rate: \$ 6.58

Married
OR
Single

How many
Dependents
claimed?

23.38 hrs

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>MURPHY</u>	First <u>JEREDIAH</u>	Middle Initial <u>I</u>	Maiden Name
Address (Street Name and Number) <u>6305 FM 429</u>			Date of Birth (month/day/year) <u>09-01-75</u>
City <u>KAUFMAN</u>	State <u>TX</u>	Zip Code <u>75142</u>	Social Security # <u>456-71-2610</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.


I attest, under penalty of perjury, that I am (check one of the following):
☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #)
☐ An alien authorized to work until / / (Alien # or Admission #)

Employee's Signature Jeremiah Murphy Date (month/day/year) 09-01-75

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B AND one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

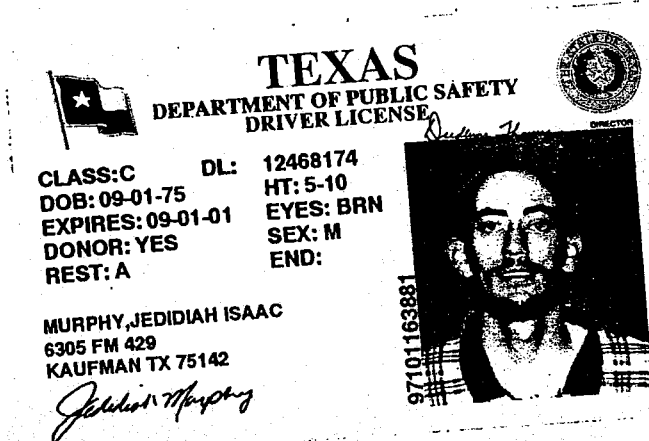
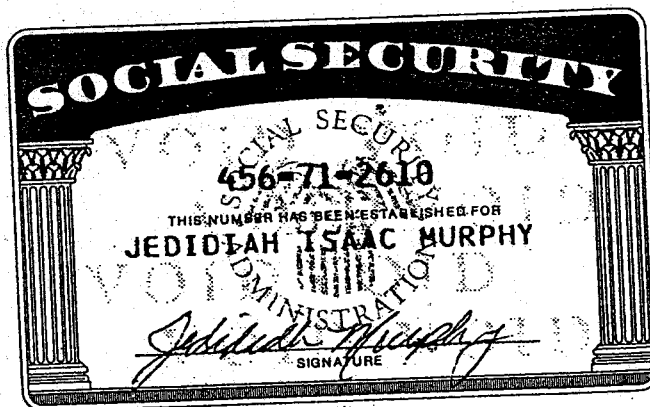
List A	OR	List B	AND	List C
Document title: <u> </u>		<u>TX DL 12468174</u>		<u>456-71-2610</u>
Issuing authority: <u> </u>		<u> </u>		<u> </u>
Document #: <u> </u>		<u> </u>		<u> </u>
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>		<u>9.11.01</u>		<u> </u>
Document #: <u> </u>				
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) / / and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name <u>Aavid Thermal Tech. of TX. Inc.</u> <u>250 Apache Tr. Terrell, TX 75160</u>		Date (month/day/year) <u> </u>

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of hire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: <u> </u>	Document #: <u> </u>
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)



DRUG SCREENING POLICY STATEMENT
FOR JOB APPLICANTS

It is the policy of AAVID Thermal Technologies, Inc. to maintain a safe, healthful and productive work environment for our employees; to provide quality services for our customers in an efficient manner; to maintain the integrity and security of our facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the communities in which we are located.

Because of this AAVID Thermal Technologies of TX, Inc. requests that candidates for employment who receive job offers take a pre-employment physical examination which includes a drug screening test covering illegal substances and legal substances subject to abuse. All job offers are conditional on passing the physical examination and drug test.

Each eligible candidate will be required to submit a urine and/or blood specimen or other appropriate sample as part of the physical examination and to sign the following Consent and Release. Refusal will result in the candidates disqualification for further employment consideration. AAVID Thermal Technologies of TX, Inc. will not knowingly hire anyone who tests positive for substance abuse.

CONSENT AND RELEASE LIABILITY

I UNDERSTAND that AAVID Thermal Technologies of TX, Inc. requests that I take a pre-employment physical examination which includes appropriate tests to determine the absence or presence of drugs.

I RELEASE AAVID Thermal Technologies of TX, Inc., its parent and affiliated corporations, and their employees and agents from any and all potential liability arising from this request, from taking such tests, or from my failure or refusal to submit to such tests.

Richard J. Murphy
Applicant's Signature

CONSENT voluntarily to the physical examination including the drug test.

Applicant's Signature

REFUSE to submit to such tests. I understand that this refusal will disqualify me from further employment consideration.

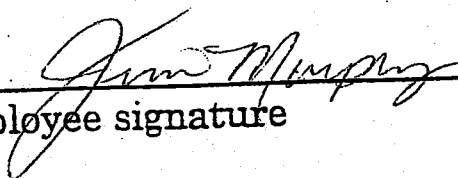
2-9-96
Date

AAVID SUBSTANCE AND DRUG POLICY

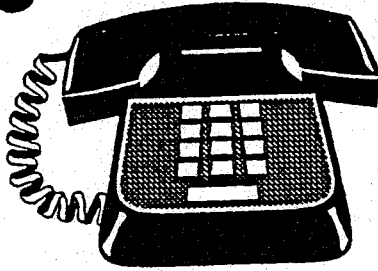
I hereby acknowledge: (a) that I have received a copy of Substance and Drug Policy; (b) that I have read it in its entirety; and (c) that I understand its contents.

5-15-97

Date



Employee signature



EMERGENCY CONTACT INFORMATION

Employee Name: JEDIDIAH MURPHY

The following is a list of people to contact in the event of an emergency:

Name: HOPE ABBOTT
Telephone: (Home) 972-962-7443 (Work) SAME
Address: 6305 FM. 429
City: KRAUFMAN **State:** TX **Zip:** 75142
Relationship: MOM

Name: CHELSEA WILLIS
Telephone: (Home) 1-903-873-2215 (Work) 563-0200
Address: _____
City: WILLS POINT **State:** TX **Zip:** 75169
Relationship: FIANCE'

Date 5-15-97 Employee Name JEDIDIAH MURRAY

please print name

Department: 1105**HAZARD COMMUNICATIONS PROGRAM****CONCENTRATED ACID:**

1. Inhalation will cause severe irritation or a burning sensation of the nose, throat and lungs.
2. When working with concentrated acid wear goggles and nitrile rubber gloves.

True

False

**CONCENTRATED CAUSTICS:**

1. Concentrated caustics can cause blurred vision.
2. Neoprene or nitrile rubber gloves should be used.

**OILS, GREASES, COOLANTS AND LUBRICANTS:**

1. Some individuals may develop an allergic type asthmatic reaction.
2. First Aid Treatment for eye contact, you should flush with fresh water for at least 15 minutes.

**HAZCOM, THE MSDS AND PLACARD SYSTEM :**

1. Placards are Generic MSDS Sheets by hazard category.
2. Aavid's Labeling System is 0 -- 5 with "5" rating as deadly.
3. Ventilation is a good engineering control of chemical hazards.
4. Only the Loss Prevention Manager has copies of MSDS Sheets.



5. What do the letters MSDS stand for?

MEDICAL SAFETY DATA SHEET

6. An MSDS lists four "routes of exposure" into your body, name them.

1) BREATHING2) EATING3) EYES4) SKIN

7. An MSDS lists two "effects of exposure", name them?

1) ACUTE2) CHRONIC

8. What do the letters PPE stand for?

PERSONAL PROTECTIVE EQUIPMENT

SIGNATURE PAGE

EMPLOYEE NAME: SEBASTIAN MURPHY

AAVID HANDBOOK

1. I acknowledge that I have received a copy of the Aavid Handbook and that a company Representative went over the Handbook and benefits with me.
-

AAVID SUBSTANCE AND DRUG POLICY

2. I hereby acknowledge: (a) that I have received a copy of Substance and Drug Policy in the Aavid handbook; (b) that I have read it in its entirety; and (c) that I understand its contents. *No handbook given at this time*
-

ORIENTATION & TRAINING PROGRAM

3. I have completed the Human Resources Orientation & Training Program and I understand the program.
-

5-15-97
DATE

Sebastian Murphy
EMPLOYEE SIGNATURE

AAVID ENGINEERING, INC. STATEMENT OF EMPLOYEE OBLIGATIONS

I, an employee of Aavid Engineering, Inc. ("AEI") I expressly acknowledge that I have the following obligations to AEI, to my supervisors, to my fellow employees, and to our valued customers and vendors:

1. -- Safety. I have reviewed the safety requirements set forth in the Aavid Engineering Employee Handbook and other written materials which have been furnished to me or made available to me; and have participated in various sessions explaining safety concerns, procedures, practices and reporting requirements applicable to me as an AEI employee. I hereby acknowledge that it is my responsibility to act in line with all safety requirements applicable at any time during my employment. I also understand that I have an affirmative obligation, as an AEI employee, to report any and all safety concerns to my immediate supervisor.

2. -- Hazardous Materials. I am aware that various types of materials which are classified by federal and state governmental authorities as "hazardous materials", with varying levels of potential danger for me and to my fellow employees (if misused, mismanaged, etc.), are used by AEI in conducting its business. I have participated in various training and update sessions explaining the hazardous materials concerns, procedures, practices and reporting requirements applicable to me as an AEI employee. I am aware that throughout the plant, various materials are placed with pertinent information regarding hazardous materials and I agree to familiarize myself with these materials and the nearest location from my place of work. I hereby acknowledge that it is my responsibility to act in line with all hazardous materials requirements applicable at any time during my employment.

3. -- Confidentiality. I am aware that a broad variety of information, in various forms, is maintained, used and available at AEI. With regard to AEI, this includes, but is not limited to, the identity of personnel and their duties, the type and description of various properties, manufacturing processes, trade secrets, financial information, sales information, quoting information, computer systems and data bases, and all other information pertinent to AEI's business. In addition, this includes any and all information, in various forms, from actual and potential customers, which is disclosed to AEI in the normal course of business, including, but not limited to, drawings, specifications, requirements, target prices, customer personnel or operating procedures, customer manufacturing processes, and all other information pertinent to a customer's business. I hereby acknowledge that it is my responsibility to act appropriately to protect any and all information, of AEI and of its customers, with the highest degree of confidentiality and loyalty, and, specifically, to maintain customer information confidential to the same extent as described in any individual non-disclosure agreement to which AEI is now or may in the future become a party.

4. -- Compliance with Employment Practices. I have reviewed the broad range of employment practices described in the Aavid Engineering Employee Handbook and as set forth in other written materials and oral briefing sessions in which I have participated. I hereby acknowledge that it is my responsibility to comply with all such employment practices applicable at any time during my employment.

No handbook given.
I understand and hereby acknowledge my responsibilities, as set forth above, as of this 15 day of MAY, 1997.



Employee

Name: _____

If the Employee has not completed any training required and/or referred to in Sections 1 or 2 above, set forth the exceptions here, including anticipated date of completion:

Personnel Change Notice

☒ **Employment**
☐ **Termination**
☐ **Change**
Effective Date _____

Name (Last, First, Middle) <i>Murphy Jeddiah Isaac</i>		Soc. Sec. No. <i>456-71-2610</i>	ID/Sales	Date Prepared
Address (Street) <i>6305 FM 429 Kaufman, Tx</i>		(City) <i>Kaufman, Tx</i>	(State) <i>Tx</i>	(Zip Code) <i>75142</i>
Phone No. <i>962-7443</i>				

Employment

☒ **New Hire**
☐ **Re-Instate**
☐ **Replacement For:**
☐ **Re-Hire**
☐ **Addition**

Birth Date <i>9-1-75</i>	Sex <i>M</i>	Marital Status <i>Married</i>	Employee Status	Job Class	Expense Class	Shift
-----------------------------	-----------------	----------------------------------	-----------------	-----------	---------------	-------

Termination

(Give Reasons in Remarks)

☐ **Voluntary**
☐ **Involuntary**

Last Day Worked

Pay Up To & Including

Re-Hire

☐ **Yes**
☐ **No**

Employment Date	Vacation Accrued	Severance Pay	Other
-----------------	------------------	---------------	-------

Change

☐ **Rate/Salary Change**
☐ **Promotion**
☐ **Transfer**

Leave of Absence

☐ **Military**
☐ **Sick Leave**
☐ **Layoff**
☐ **Maternity**
☐ **Vacation**
☐ **Personal**

Period of Absence

From _____ Thru _____

Employment Date	New Address/Phone No.
-----------------	-----------------------

Status	Job Title	Department	Shift	Location	Rate/Sale
New				<i>Tx</i>	
Present					

Remarks

Approval		Approved By	Date
Invested By	Date	Approved By	Date


ACKNOWLEDGMENT OF TEMPORARY EMPLOYMENT

I, JEDIDIAH MURPHY, recognize that I have been hired by Aavid Thermal Technologies, Inc. as a temporary employee. I understand that I will remain in this status as a temporary employee unless Aavid Thermal Technologies, Inc. takes further action to change the category of my employment. No change in status will be effective unless prepared in writing and signed by an officer of Aavid Thermal Technologies, Inc. or an officer's designee.

I understand that if I accept an offer from Aavid Thermal Technologies, Inc., to become a regular Aavid employee, that this job offer is contingent upon passing a pre-employment physical examination which includes a drug screening test.

I understand that, as a temporary employee, my employment with Aavid Thermal Technologies, Inc. may be terminated immediately at any time, for any reason or no reason, solely at the Company's option. By signing this Acknowledgment, I accept employment as a temporary employee with Aavid Thermal Technologies, Inc. based upon these terms and conditions of employment.

Date: 5-15-97

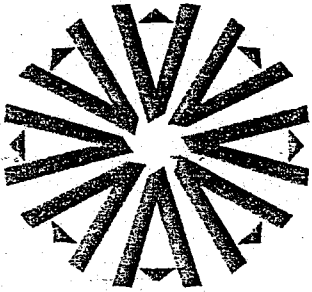

Employee's Signature

Witness

To be filled out by new employee the first day of employment and forwarded to the Manager of Loss Prevention.

Employee Name: (Jim) JEDIDIAH MURPHY Date: 5-15-97
PLEASE PRINT

SUBJECT MATTER	EMPLOYEE INITIALS
1 Safe job operating procedures.	
2 Potential department hazard conditions and safe operating procedures. EX.: lockout; tagout; hazcom	Jim
3 First-aid treatment: Where and to whom to report.	Jim
4 Reporting unsafe conditions and practices.	Jim
5 Report all accidents and near-accidents immediately.	Jim
6 Loss Prevention Committee: Its function and members.	Jim
7 Smoking Rules	Jim
8 How to report a fire. Location and proper use of fire extinguishers nearest employee's work area, nearest exit.	Jim
Horseplay, throwing, kicking, practical jokes, shouting, running, jumping, short-cutting and distracting.	Jim
10 Personal protective equipment — Where and how to use it: eyes; feet; hearing; body.	Jim
11 Rules pertaining to working on and entering tanks.	Jim
12 Lifting truck safety: Proper operation; no riders; no unauthorized use.	Jim
13 Compressed air. Not to be used for cleaning clothing or body; use caution in the presence of others.	Jim
14 Proper lifting: Manual and mechanical.	Jim
15 Proper use of ladders.	Jim
16 Proper clothing — no loose clothing, rings, or sandals.	Jim
17 Housekeeping practices.	Jim
18 Suggestions for improving job or plant safety.	Jim
19 Eyewash location.	Jim



AAVIDTM

THERMAL TECHNOLOGIES, INC.

08/07/97

OPERATOR/INSPECTOR CERTIFICATION FORM

OPERATOR/INSPECTOR: <i>Jim Murphy</i>		MACHINE/AREA: Deburr		TRAINER: <i>D. Houston</i>	
RECEIVING OF MATERIALS: (1) Extrusion characteristics <input type="checkbox"/> (2) Quantity verification/counting <input type="checkbox"/> (3) Damage verification <input type="checkbox"/> (4) Purchase Order/Receiving Documentation verification <input type="checkbox"/> (5) Appropriate Chemical Deburring (i.e.,... burrs, caustic residue, hole deformation, discoloration, plugs are still in the blind holes) <input type="checkbox"/>		CNC METHODS: (1) Tooling <input type="checkbox"/> (2) Machine Setup <input type="checkbox"/> (3) Part Loading and Unloading <input type="checkbox"/> (4) Fixture Sequence <input type="checkbox"/> (5) Coolant Removal Practice <input type="checkbox"/> (6) SPC Requirements <input type="checkbox"/>			
SAW METHODS: (1) Machine Setup <input type="checkbox"/> (2) Saw Sharpness <input type="checkbox"/> (3) SPC Requirements <input type="checkbox"/> (4) Dimensional Characteristics <input type="checkbox"/> (5) <i>At Deburr Tables</i> Wheel Deburr Methods <input type="checkbox"/> <i>DEH</i>		PAD MACHINE: (1) Machine Setup <input type="checkbox"/> (2) Pad Application (i.e.,... pad adherence to the part surface, no bubbles, no scratches, appropriate heat, pad centered between 6.0 mm clip) <input type="checkbox"/>			
APPROPRIATE STRAIGHTENING: (1) Dial Indicator Methods <input type="checkbox"/> (2) Verify Dial Indicator Setting <input type="checkbox"/> (3) Part Straightness Requirements <input type="checkbox"/> (3) .112 ± .005 Print Requirements <input type="checkbox"/> (4) SPC Requirements <input type="checkbox"/>		PACKAGING AND SHIPPING: (1) Appropriate Part Cleanliness <input type="checkbox"/> (2) Part Identification <input type="checkbox"/> (3) Bar Code Label <input type="checkbox"/> (4) Part insertion into the box (i.e.,... bottom in the upwards position so as to view the .750 fin cut-out) <input type="checkbox"/>			
COMMENTS: <i>805-1665 Motorola</i>		INSPECTION: (1) Process verification <input type="checkbox"/> (2) W.O. completion <input type="checkbox"/> (3) Print requirements <input type="checkbox"/> (4) Verification of the SPC data <input type="checkbox"/> (5) Box Audit Report <input type="checkbox"/> (6) Quality Improvement Implementation Plan <input type="checkbox"/> (7) Complete knowledge of the part process <input type="checkbox"/>			
DATE / TIME: <i>8-8-97</i>					

Form W-4 (1995)

Want More Money In Your Paycheck?

If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest

and dividends) and (2) another person can claim you as a dependent on their tax return. **Basic Instructions.** Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1995?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent A 1
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C 0
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D 1
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) E 1
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F 0
- G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return G 3
- For accuracy, do all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.		OMB No. 1545-0010 1995
1 Type or print your first name and middle initial <u>JEDIDIAH</u>		Last name <u>MURPHY</u>		2 Your social security number <u>456 71 2610</u>
Home address (number and street or rural route) <u>6305 FM 429</u>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code <u>KAUFMAN</u>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)		5 <u>3</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>		
7 I claim exemption from withholding for 1995 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here		7 <u> </u>		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature ▶ <u>Jim Murphy</u>		Date ▶ <u>5-15-97</u> , 19 <u>97</u>		
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number

**Presbyterian
Occupational
Health
Network**

214-524-4053

214-563-0573

The health of your employees is our business.

A Resource of Presbyterian Hospital of Greenville
724-B East Moore Avenue, Terrell, Texas 75160

Fax 214-563-0947

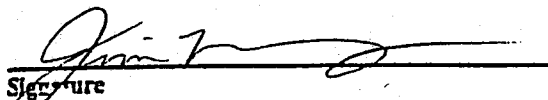
CONSENT AND RELEASE FOR DRUG SCREENING

The undersigned hereby authorizes Presbyterian Occupational Health Network to conduct through its designated physician, medical facility, or laboratory testing facility, a drug screening test.

I understand that a drug screening test will be administered to determine the presence of certain drugs and substances, such as illegal drugs, controlled substances, marijuana, mood or mind-altering substances, "look-alike" substances, designer and synthetic drugs, certain inhalants, and unauthorized prescription drugs.

I release and hold the designated physician, testing laboratory, and medical facility harmless for release of this information. I also release and hold harmless Presbyterian Occupational Health Network, its directors, officers, stockholders, and employees for the use of this information.

STATE LAW: PICTURE IDENTIFICATION REQUIRED BEFORE ANY SCREENING TEST CAN BE PERFORMED.


Signature

JEREMIAH I. MURPHY
Printed Name

456-71-2610
Social Security Number

09-01-75
Date of Birth

6305 FM 429
Home Address

972-962-7443
Day Time Phone #

AAVID
Company Requesting Drug Screen

5-15-97
Today's Date

OPTIONAL: YOU MAY LIST ANY PRESCRIPTION AND OVER-THE COUNTER MEDICATION TAKEN WITHIN THE LAST MONTH.

VICAPIN - ADVIL

HYDROCODONE



Diagnostics

4770 REGENT BLVD.
IRVING, TX 75063
972-916-3200 / 800-824-6152

Presby Occup Hith/Terrell
3900 Joe Ramsey Blvd E
Ste #G
Terrell, TX 75401-7763

LAB NUMBER 98913098-6 REQ PD213463-7
PATIENT MURPHY, JEDIDIAH I
AGE 21Y DOB 09/01/75
SEX M
I.D. OR ROOM NO.
REPORT STATUS Final Report
DATE REPORTED 05/16/97, 02:33 AM
DATE/TIME COLL 05/15/97, 11:00 AM
DATE RECEIVED 05/15/97, 09:22 PM
ACCOUNT 15258
REQ. PHYSICIAN NG
FASTING NG

Result Name	In Range/Interp	Out of Range	Reference	Units	FN
-------------	-----------------	--------------	-----------	-------	----

456-71-2610 - VICADIN-ADVIL-HYDROCODONE

nd A300, M50, P75:

Amphetamines	NOT DETECTED	300 ng/mL
Barbiturates	NOT DETECTED	200 ng/mL
Benzodiazepines	NOT DETECTED	200 ng/mL
Cocaine	NOT DETECTED	300 ng/mL
Marijuana	NOT DETECTED	50 ng/mL
Methadone	NOT DETECTED	300 ng/mL
Methaqualone	NOT DETECTED	300 ng/mL
Opiates	NOT DETECTED	300 ng/mL
Phencyclidine	NOT DETECTED	75 ng/mL
Propoxyphene	NOT DETECTED	300 ng/mL
Integrity Check	19 L	SEE REMARK mg/dL

The "integrity check" result shown above is creatinine, a normal constituent of urine used to monitor dilution of the specimen. A value of 20 or greater is considered to be within normal limits, while a value less than 20 may be due to increased fluid intake, adulteration or substitution of the specimen, or a medical condition of the donor.

Interpretation of immunoassay results which may appear above -

"NOT DETECTED" indicates that the drug or drug family is not present at or above the cutoff level listed under "Reference."

"SEE CONFIRM" indicates that an additional analysis is required. Confirmation testing is in process.

We recommend that results be reviewed by a physician who has knowledge of substance abuse disorders and testing methods.

Tests Ordered: Ind A300, M50, P75

End of Report (MURPHY, JEDIDIAH I - 98913098-6)

Results of Urine Drug Screen reported to:

Company Representative: Linda B
Date: 5/16/97 Time: 1415
POHN Nurse making report: DM

PRESBYTERIAN HOSPITAL OF GREENVILLE

3910 Wesley
Greenville, TX 75401

Audio Testing for
AAVID TECHNOLOGIES
TERRELL

Report Date: 05/15/97

SSN: 456712610 Sex: Male
Badge:
Name: MURPHY, JIM DOB: 09/01/75
Company: AAVID TECHNOLOGIES
Location: TERRELL
Department: UNKNOWN
Occupation:


	LEFT							RIGHT						
	500	1k	2k	3k	4k	6k	8k	500	1k	2k	3k	4k	6k	8k
05/15/97	15	10	5	0	5	15	5	10	15	5	5	5	15	10
Age adj	15	5	2	-4	0	7	5	10	10	2	1	0	7	10

The results of your hearing test showed that your hearing is within normal limits at all test frequencies (pitches).

This is your first test (baseline) in the program. Future hearing tests will be compared to this one to find any change in your hearing.

No otoscopic information was available.

It is important to have your hearing tested annually and to wear hearing protection on and off the job when exposed to loud noise.


Employee Signature
*Age correction used for STS calculations.

5-15-97
Date

Threshold Shifts and Baseline Revisions Should be Confirmed by an Audiologist, Otolaryngologist, or Other Physician.

Presbyterian Occupational Health Network

HEARING TEST QUESTIONNAIRE

Name: MURPHY JIM I Date: 5-15-97
 Last First MI

Date of Birth: 09-01-75 Height: 5-11 Weight: 145

Sex: M Race W Social Security No. 456-71-2610

Company: AAVID Dept. N/A

Job Title: N/A Shift: 3RD Hire Date: 6.75

AUDITORY HISTORY:

Y or N

Do you wear any type of hearing protection (ear plugs, etc.)?	<u>Y</u>
Anyone in your family have hearing loss before age 50?	<u>N</u>
Do you have difficulty hearing?	<u>N</u>
Do you wear a hearing aid?	<u>N</u>
Do you have ringing in your ears?	<u>N</u>
Do you have frequent or severe dizziness?	<u>N</u>
Have you had a cold or flu within the last two weeks?	<u>N</u>
Do you have frequent allergy problems?	<u>N</u>
Have you ever had any of the following (please circle those that apply):	<u>N</u>
measles? scarlet fever? diabetes?	
mumps? meningitis? high blood pressure?	
Have you taken any medication or antibiotics in the last month?	<u>Y</u>
Do you or have you had a recent ear infection?	<u>N</u>
Do you or have you had any recent ear drainage?	<u>N</u>
Do you or have you had a recent earache?	<u>N</u>
Are you under a physician's care for ear problems?	<u>N</u>
Have you ever had ear surgery?	<u>N</u>
Have you ever been exposed to any loud explosion?	<u>Y</u>
Have you ever had a head injury causing unconsciousness?	<u>Y</u>
Have you ever shot firearms - sport or military?	<u>Y</u>
Do you listen to loud music or play in a band?	<u>Y</u>
Do you have any noisy hobbies (motorcycles, power tools)?	<u>Y</u>
Have you ever operated power driven farm equipment?	<u>Y</u>
Have you ever operated construction equipment?	<u>Y</u>
Have you worked at a noisy job prior to your current one?	<u>Y</u>
Do you have a second job that is noisy?	<u>N</u>

Comments: I'M AN OPERATOR
OF A BACKHOE

Signature: Jim Murphy

Reviewed by: Charles Nguyen Tech

(R) Excessive
 Wax

(R) ...

EMPLOYEE ENROLLMENT FORM

☐ OPEN ENROLLMENT
☒ NEW HIRE
☐ COBRA
☐ OTHER

PLEASE PRINT OR TYPE. Fill out all that applies. Use another form if more space is needed.

SECTION 1: COMPLETE ALL THAT APPLIES TO THE EMPLOYEE.

NAME OF EMPLOYER / PLAN SPONSOR AAVID THERMAL TECHNOLOGIES, INC.		MEDICAL EFFECTIVE DATE		GROUP/PLAN NUMBER ASO-26566-7	
EMPLOYEE NAME (Last First, Middle Initial) MURPHY, Jedidiah I.	GENDER <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	DATE OF BIRTH 9/10/75	SOC. SECURITY # 456-71-2610		TELEPHONE HOME (972) 962-7443 WORK (972) 563-2843
JOB TITLE OR OCCUPATION Press	MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	EMPLOYMENT STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> COBRA (See Section 6) <input checked="" type="checkbox"/> ACTIVE FULL-TIME <input type="checkbox"/> ACTIVE PART-TIME		DATE OF HIRE 5.15.97	
EMPLOYEE ADDRESS (Street Address, City, State, Zip Code) 727 E. N. Commerce W. 113 Point, TX. 75169					

SECTION 2: COMPLETE FOR COVERED SPOUSE AND EACH COVERED DEPENDENT

SPOUSE / DEPENDENT NAME (Last, First, Middle Initial)	RELATIONSHIP TO EMPLOYEE	GENDER (F or M)	DATE OF BIRTH	SOC. SECURITY #	MARITAL STATUS	EMPLOYED? (Y OR N)	STUDENT? (Y OR N)

SECTION 3: NWNL COVERAGE SELECTION (CHECK ALL THAT APPLY)

MEDICAL	<input type="checkbox"/> 1 PERSON <input type="checkbox"/> 2 PERSON	<input type="checkbox"/> FAMILY	<input type="checkbox"/> DECLINE COVERAGE
BASIC LIFE/AD&D/STD		<input type="checkbox"/> EFFECTIVE DATE	

SECTION 4: COMPLETE IF ANY COVERED PERSON HAS COVERAGE WITH ANOTHER INSURANCE CARRIER / HEALTH PLAN PROVIDER

EMPLOYEE/SPOUSE/DEPENDENT NAME (Last, First, Middle Initial)	NAME and ADDRESS of OTHER INSURANCE CARRIER/ HEALTH PLAN PROVIDER	POLICY/PLAN NUMBER	EFFECTIVE DATE	OTHER COVERAGE TYPE
N/A				<input type="checkbox"/> MEDICAL <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY
				<input type="checkbox"/> MEDICAL <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY

SECTION 5: COMPLETE IF LIFE / AD&D COVERAGE WAS SELECTED

GL-24205-5

BENEFICIARY NAME** (If person, enter: Last, First, Middle Initial)	BENEFICIARY ADDRESS (Street Address, City, State, Zip Code)	PERCENT OF BENEFIT (MUST add up to 100%)	RELATIONSHIP TO EMPLOYEE

SECTION 6: COMPLETE ONLY IF APPLYING FOR COBRA CONTINUATION

QUALIFYING EVENT**	EVENT EFFECTIVE DATE / /	If other coverage, length of pre- existing clause in other coverage:	Were you disabled under the terms of the Social Security Act at the time of your termination of employment or reduction in hours? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
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To the best of my knowledge and belief the above information is correct. I understand that false or inaccurate information may result in the termination of coverage or the non-payment of benefits. I have also read and understand the authorization printed above and consent to its terms.

PLEASE READ THE ABOVE RELEASE SECTION AND THEN SIGN →

EMPLOYEE'S SIGNATURE

DATE SIGNED

Jedidah Murphy

6/6/97

FOR EMPLOYER / PLAN SPONSOR USE ONLY

EMPLOYMENT DATA IS ACCURATE: O YES O NO	SIGNATURE	DATE SIGNED / /	COVERAGE EFFECTIVE DATE / /	COBRA PAID-TO-DATE / /
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INSTRUCTIONS FOR ** FIELDS ON THE FRONT OF THIS FORM (Fields are listed alphabetically, by name)

BENEFICIARY NAME: Enter the name of a person, "My Estate" or the name of an organization. You can enter combinations (e.g., one beneficiary line may be a person's name, while a second beneficiary line may be an organization and a third beneficiary line be for "My Estate").

COBRA QUALIFYING EVENT: Enter one of the following: Employment Termination, Divorce, Legal Separation, Loss of dependent status, Medicare Entitlement, Death of employee, Reduction in hours.

EMPLOYED: Enter "Yes" if spouse or a dependent is employed (full-time or part-time). All else, leave blank.

MARITAL STATUS: Enter one of the following: Single, Married, Divorce, Widowed, Legally Separated.

STUDENT: Enter "Yes" if dependent is 19 years or older and a full-time student. All else, leave blank.

VOLUNTARY DENTAL ENROLLMENT / CHANGE FORM

National Life
Employee Benefits Division

Case 3:10-cv-00163-N Document 42-15 Filed 05/05/10 Page 497 of 533 PageID 12017

PLEASE PRINT. Providing complete information is necessary for the timely and accurate payment of claims. Eligibility for coverage and payment benefits are subject to the terms of the benefit contract.

AAVID THERMAL TECHNOLOGIES, INC.

GH - 28991-1

☐ Open Enrollment ☒ New Hire ☐ Termination ☐ Add Dependent ☐ Delete Dependent ☐ Other _____

Employee Name (last name, first, middle initial) <u>MURPHY, Jeddiah I</u>	Social Security Number <u>456-71-2610</u>	<input type="radio"/> Female <input checked="" type="radio"/> Male	Date of Birth <u>9-1-75</u>
Employee Address (street, city, state, zip code) <u>727 E. N. Commerce #4 Willis Point, TX. 75169</u>			Telephone Number <u>972-962-7443</u>

Complete this section to select the coverage you want for yourself and eligible family members.

1. ☒ Employee only2. ☐ Employee + Family

Complete for Dependent Coverage

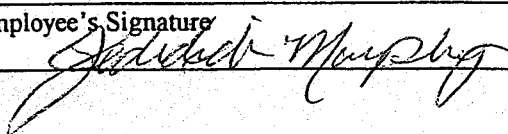
Add	Drop	Name	Social Security Number	Birthdate	Sex	Relationship
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					

I authorize my employer to deduct from my wages the premium for the above coverages. To the best of my knowledge and belief, the information that I have provided on this form is correct. I understand my coverage begins on the effective date assigned by Northwestern National Life provided I am actively at work.

PLEASE READ AND SIGN

Employee's Signature

X



Date Signed

6-6-97

For employer/plan sponsor use only

Group/Plan Number GH 28991-1	Claim Acct#	Location # / Division #	Dental Effective Date or Change Date
Date of Hire	Signature		Date Signed

WK END 08-30-97 DEPT #16

EMP #40564 SHIFT-3

[illegible]

Jim Murphy
MURPHY, JIM

WK END 09-27-97 DEPT #165
EMP #40564 SHIFT-3

In	21		
Out			
In			
Out			
In	22		SU 23 56
Out	7.66		
In			M 7 52
Out			
In	23		M 23 30
Out	4.95		TH 4 75
In			
Out			
In	24		Call
Out			In
In			JUF
Out			
In	25		Call
Out			In
In			JUF
Out			
In	26		TH 23 26
Out	8.24		
In			FR 8 00
Out			
In	27		FR 23 38
Out	8.14		SA 8 02
In			
Out			

28.99
JUF

Jim Murphy
MURPHY, JIM

WK END 09-27-97 DEPT #165
EMP #40564 SHIFT-3

In	28		
Out			
In			
Out			
In	29		SU 23 32
Out	8.22		
In			M 8 04
Out			
In	30		M 23 34
Out	8.24		
In			TH 8 08
Out			
In			JUFT 23 50
Out	8.05		W 8 05
In			
Out			
In	31		W 23 30
Out	8.28		
In			TH 8 08
Out			
In	3		TH 23 48
Out	8.28		
In			FR 8 24
Out			
In	4		FR 23 04
Out	8.18		
In			SA 8 02
Out			

40.00
9.2500
49.25
JUF

Jim Murphy
 MURPHY, JIM
 WK END 09-13-97 DEPT #165
 EMP #40564 SHIFT-3

	In	7	Sunday	0	
	Out				
	In	8	Monday	8.21	SU 23 35 M 8 00
	Out				
	In	9	Tuesday	7.78	M 23 56 TU 7 54
	Out				
	In	10	Wednesday	8.44	TU 23 32 W 7 76
	Out				
	In	11	Thursday	8.57	W 23 38 TH 7 55
	Out				
	In	12	Friday	8.16	TH 23 48 FR 7 54
	Out				
	In	13	Saturday	8.70	FR 23 30 SA 7 52
	Out				

40.00

10.06

50.06
JLF

Jim Murphy
 MURPHY, JIM
 WK END 09-20-97 DEPT #165
 EMP #40564 SHIFT-3

	In	14	Sunday	0	
	Out				
	In	15	Monday	8.22	SU 23 34 M 7 56
	Out				
	In	16	Tuesday	8.26	M 23 34 TU 7 60
	Out				
	In	17	Wednesday	5.90	TU 23 58 W 5 48
	Out				
	In	18	Thursday	8.15	W 23 48 TH 7 55
	Out				
	In	19	Friday	8.20	TH 23 35 FR 7 58
	Out				
	In	20	Saturday	8.72	FR 23 30 SA 7 52
	Out				

40.00

6.95

46.95
JLF

MURPHY, JIM

WK END 08-30-97 DEPT #165

EMP #40564 SHIFT-3

In	25	Sunday		
Out				
In				
Out				
In	25	Monday	7.15	SU 23 35
Out				M 7 59
In				
Out				
In	26	Tuesday	8.36	M 23 14
Out				TU 8 02
In				
Out				
In	27	Wednesday	7.61	TU 23 54
Out				W 7 65
In				
Out				
In	28	Thursday	7.74	W 23 30
Out				TH 7 54
In				
Out				
In	29	Friday	7.95	TH 23 75
Out				FR 8 20
In				
Out				
In	30	Saturday	7.22	FR 23 30
Out				SA 7 02
In				
Out				

40.00

6.03 9

46.03

JLF

28

29

30

MURPHY, JIM

WK END 09-06-97 DEPT #165

EMP #40564 SHIFT-3

In	31	Sunday		
Out				
In				
Out				
In	1	Monday	8	holiday
Out				
In				
Out				
In	2	Tuesday	7.96	M 23 50
Out				TU 7 90
In				
Out				
In	3	Wednesday	8.15	TU 23 26
Out				W 7 92
In				
Out				
In	4	Thursday	8.04	W 23 24
Out				TH 7 70
In				
Out				
In	5	Friday	8.88	TH 23 26
Out				FR 8 64
In				
Out				
In	6	Saturday	7.08	FR 23 36
Out				SA 6 34
In				
Out				

40.00

8.06 9

48.06

JLF

MURPHY, JIM
WK END 08-16-97 DEPT #165
EMP #40564 SHIFT-3
WEEK ENDING

In	0			23 28
Out	Sunday	7.75		
In		(Double)	SU 7 55	
Out				
In	11			21 29
Out	Monday	7.75		
In				7 54
Out				
In	12			17 25
Out	Tuesday	9.75		
In			TU 7 56	
Out				
In	13			17 25
Out	Wednesday	9.75		
In				7 54
Out				
In	14			21 25
Out	Thursday	9.75		
In			TH 7 54	
Out				
In	15			21 25
Out	Friday	9.75		
In			FR 7 56	
Out				
In	16			23 18
Out	Saturday	7.75		
In			SA 7 59	
Out				

40.0 Reg
12.6 OI
7.75 DBL
60.35 total

K14-91

MURPHY, JIM
WK END 08-23-97 DEPT #165
EMP #40564 SHIFT-3
WEEK ENDING

In	17			JF SA 23 20
Out	Sunday	4.55		
In				SU 4 05
Out				
In	18			Call
Out	Monday			Fn
In				JLF
Out				
In	19			JF M 23 20
Out	Tuesday	7.62		
In				TU 7 62
Out				
In	20			TU 23 10
Out	Wednesday	7.94		
In				W 7 62
Out				
In	21			W 23 28
Out	Thursday	7.77		
In				TH 7 55
Out				
In	22			TH 23 26
Out	Friday	7.89		
In				FR 7 65
Out				
In	23			FR 23 30
Out	Saturday	7.85		
In				SA 7 65
Out				

40.0 Reg
4.55 DBL
43.62

K14-91

MURPHY, JIM
WK END 08-02-97 DEPT #165
EMP #40564 SHIFT-3

In	29		
Out	Sunday		
In			
Out			
In	28		
Out	Monday	7.75	
In			
Out			
In	27		
Out	Tuesday	7.75	
In			
Out			
In	26		
Out	Wednesday	7.75	
In			
Out			
In	25		
Out	Thursday	4.25	
In			
Out			
In	1		
Out	Friday		
In			
Out			
In	2		
Out	Saturday		
In			
Out			

27.50
JLF

K14-91

MURPHY, JIM
WK END 08-09-97 DEPT #165
EMP #40564 SHIFT-3

In	29		
Out	Sunday		
In			
Out			
In	4		
Out	Monday	7.75	
In			
Out			
In	5		
Out	Tuesday	7.75	
In			
Out			
In	6		
Out	Wednesday	7.75	
In			
Out			
In	7		
Out	Thursday	10.06	
In			
Out			
In	8		
Out	Friday	10.26	
In			
Out			
In	9		
Out	Saturday	10.26	
In			
Out			

40.00
13.85
53.85
JLF

K14-91

~~MURPHY, JIM~~
 WK END 06-28-97 DEPT #465
 EMP #40564 SHIFT-3 174

39.01 <u>7.5</u>													
28 Sunday		23 Monday		24 Tuesday		25 Wednesday		26 Thursday		27 Friday		28 Saturday	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
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MURPHY, JIM

WK END 07-05-97 DEPT #165

EMP #40564 SHIFT-3

In	29	Sunday		
Out				
In				
Out				
In	30	Monday	7.75	21 23 25
Out				21 7 55
In				
Out				
In	1	Tuesday	7.75	11 23 24
Out				11 7 52
In				
Out				
In	2	Wednesday	7.75	11 23 20
Out				11 7 53
In				
Out				
In	3	Thursday	7.75	11 23 38
Out				11 7 52
In				
Out				
In	4	Friday		
Out				
In				
Out				
In	5	Saturday		
Out				
In				
Out				

31.00
JUF

K14-91

MURPHY, JIM

WK END 07-12-97 DEPT #165

EMP #40564 SHIFT-3

In	6	Sunday		
Out				
In				
Out				
In	7	Monday	7.75	21 23 28
Out				21 7 54
In				
Out				
In	8	Tuesday	7.75	11 23 24
Out				11 7 54
In				
Out				
In	9	Wednesday	7.75	11 23 14
Out				11 7 52
In				
Out				
In	10	Thursday	7.75	11 23 22
Out				11 7 53
In				
Out				
In	11	Friday	7.75	11 23 16
Out				11 7 52
In				
Out				
In	12	Saturday		
Out				
In				
Out				

38.75
JUF

K14-91

MURPHY, JIM

WK END 07-19-97 DEPT #165

EMP #40564 SHIFT-3

WEEK ENDING

In	13		
Out	Sunday		
In			
Out			
In	14		
Out	Monday	7.75	30 23 25
In			M 7 52
Out			
In	15		
Out	Tuesday	6.80	M 23 24
In			TU 6 55
Out			
In	16		
Out	Wednesday	7.75	TU 23 24
In			W 7 50
Out			
In	17		
Out	Thursday	7.75	W 23 20
In			TH 7 52
Out			
In	18		
Out	Friday	7.75	TH 23 24
In			FR 7 50
Out			
In	19		
Out	Saturday		
In			
Out			

37.80
JLF

K14-91

MURPHY, JIM

WK END 07-26-97 DEPT #165

EMP #40564 SHIFT-3

In	20		
Out	Sunday		
In			
Out			
In	21		
Out	Monday	7.75	30 23 22
In			M 7 52
Out			
In	22		
Out	Tuesday	7.75	M 23 22
In			TU 7 52
Out			
In	23		
Out	Wednesday		Call
In			In
Out			JLF
In	24		
Out	Thursday	7.75	W 23 15
In			TH 7 50
Out			
In	25		
Out	Friday	7.75	TH 23 22
In			FR 7 50
Out			
In	26		
Out	Saturday		
In			
Out			

31.00
JLF

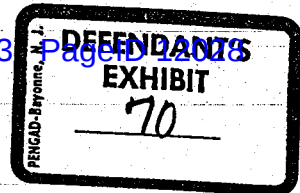
K14-91

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Defendant's Exhibit Number 70

Dr. Connell Presentation

(Copy attached)



Jedidiah (Jim) Isaac Murphy

Psychosocial Evaluation for Sentence Mitigation

Special Issue

Whether, taking into consideration all of the evidence, including the circumstances of the offense, the defendant's character and background, and the personal moral culpability of the defendant, there is sufficient mitigating circumstance or circumstances to warrant that a sentence of life imprisonment rather than a death sentence be imposed.

Jedidiah Isaac Murphy

Born September 1, 1975, the fifth child to Hope Abbot and the second child to Roy Don Kines, an alcoholic and a violent man.

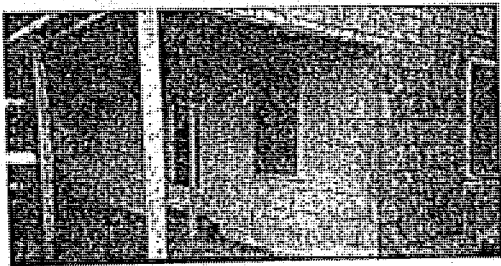
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Jedidiah Isaac Murphy p. 2

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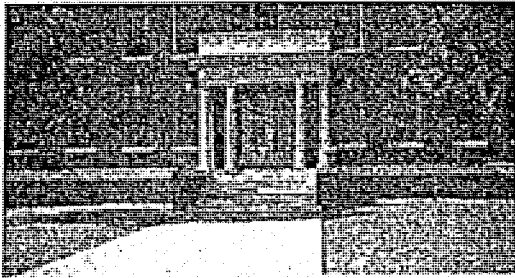


Buckner Children's Home

Placed by mother in Buckner Children's Home,
with all five siblings, at age 5

Mother came and got her three oldest, Tonya,
Tammy, and Bubba, leaving Jim, Donnie, and
their younger sister at Buckner.

Buckner Children's Home



September 1, 1983

Jim's 8th birthday at
the Tolar's



Christmas, 1983

Jim's first Tolar
Christmas, age 8, with
Donnie



Christmas and birthday pictures

Jim looking at his grandfather at the Tolar's during his first Christmas there



Significant events

Ms. Tolar reported that Jim's father and both grandparents died while he was with them.

Jim and Donnie always told Ms. Tolar that they were at Buckner because their mama did not want them.

Christmas, 1985

Jim's third Christmas
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Jim's 11th birthday
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Behavior Problems

Donnie said the boys would give Ms. Tolar problems. Mr. Tolar would come home and would beat them. He said they were locked in closets, locked out of the house, whipped with bed slats, and not fed at times.

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These records describe clear picture of the extreme problems in the Tolar home, with Donnie's behavior improving in the shelter after his removal, with school records showing Jim to be an average student. Records indicate that Donnie was domineering and threatening with Jim. Donnie reported a family history of injuries sustained when his drunken father tried to teach him to drive at age 5.

Next placement

Jim was in another foster placement in Fruitvale. Donnie went to another adoption with Mr. Garth Looney. Donnie still lives with his second adoptive father. When he was 17 and Jim was 16, the boys were able to visit one another again, having been separated for about four years.

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Jim was finally adopted by the Murphy family at the age of 12, on about March 4, 1987, because Ms. Murphy saw him at the Fruitvale school, where she taught, and thought he looked like a good companion for her son, because of his size.

The Murphy's divorced, and Jim blamed himself, though they may have been divorced once before. He went with Mr. Murphy.

The Murphy adoption

Jim said the Murphys were the "...all American dream," for him, at first, and then "...they split up. Everything went wrong." He felt that because Mr. Murphy did more with him than he did with his own son, the split was all his fault.

The Murphy adoption, p. 2

Jim said that Ms. Murphy would have all of his school records, "...but she hates me with a passion because I went to live with my dad."

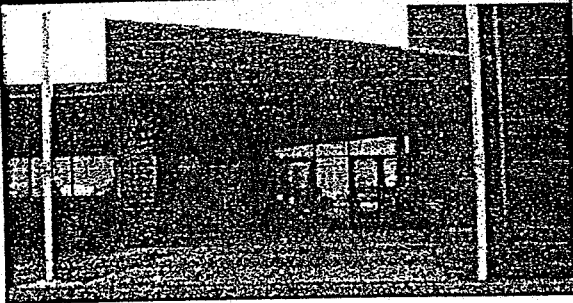
"...I sent her a picture of my daughter and she sent it back--she really don't like me any more."

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Jim started drinking when he was 14 and became a serious drinker and drug user during the next few years. He reportedly quit using drugs in 1998, at the age of 23.

He established a common-law marital relationship with Chelsea Willis in 1995. When he drank, he was violent and abusive, and as the relationship faltered, he became suicidal.

May 27, 1992 Jim Murphy graduated from Edgewood High School in the middle of his advanced class program; college prep courses



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11/19/98 Oak haven for 10 days: suicide attempt,
OD on 40 pills, Dx 303.90, alch depend,
GAF 50-55 on discharge

Confidential

Minnesota Multiphasic Personality Inventory-2
Millon Clinical Multiaxial Inventory-III
TOMM

Collateral Contacts, including:

Chelsea Willis
Hope Abbott
Garth Looney
Donnie Looney
Tonya Thorp
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Background and Interview Observations:

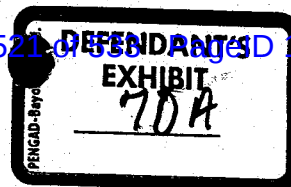
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Defendant's Exhibit Number 70A
Dr. Connell Presentation Without Objected Photographs
(Copy attached)



Jedidiah (Jim) Isaac Murphy

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Jim Murphy's father

Roy Don Kines



The Kines grandparents

Not sure of year

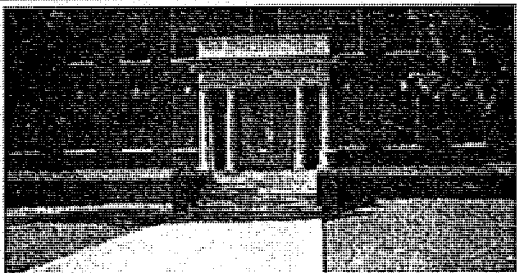


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with all five siblings, at age 5

Mother came and got her three oldest, Tonya,
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their younger sister at Buckner.

Buckner Children's Home



With the Tolars from 1983 until 1988

Jim Murphy is
front center
with
Mr. Murphy,
the three
Murphy boys,
and Donnie



*not
admiss*

September 1, 1983

Jim's 8th birthday at
the Tolar's



admiss

Christmas, 1983

Jim's first Tolar
Christmas, age 8, with
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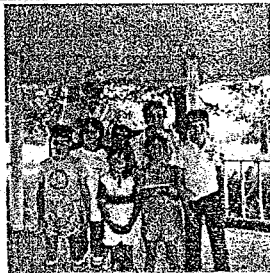
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Jim looking at his grandfather at the Tolar's during his first Christmas there



Paternal grandparents and the children

Mr. and Margaret Kines, Jim Murphy and his brothers

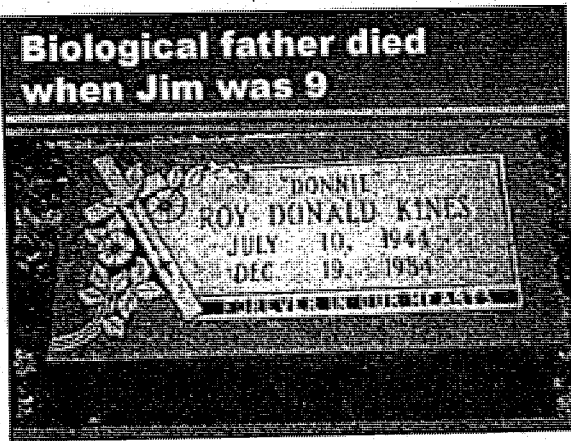


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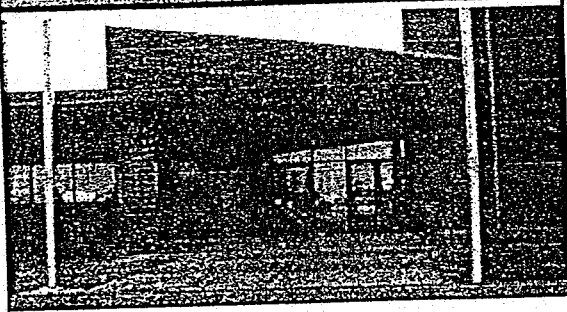
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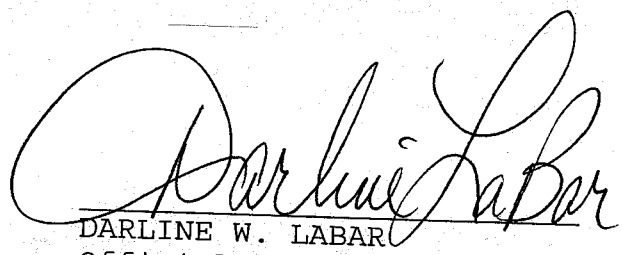
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1 TRIAL COURT CAUSE NO. F00-02424-M
2 THE STATE OF TEXAS : IN THE 194TH DISTRICT
3 VS. : COURT OF DALLAS COUNTY
4 JEDIDIAH ISAAC MURPHY : T E X A S

5 I, Darline W. LaBar, Official Court Reporter of the
6 194th Judicial District Court, in and for Dallas County,
7 Texas do hereby certify that the foregoing exhibits
8 constitutes true and complete duplicates of the original
9 exhibits, excluding physical evidence, offered into evidence
10 during the Trial on the Merits By Jury in the above-entitled
11 and numbered causes as set out herein before the Honorable F.
12 Harold Entz, Jr., Judge of the 194th District Court of Dallas
13 County, Texas, beginning the 26th day of February, A.D.,
14 2001.

15 I further certify that the total cost for the
16 preparation of this Reporter's Record is \$28,894.00 and will
17 be paid by Dallas County, State of Texas.

18 Witness my hand this the 27th day of November, A.D.,
19 2001.

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21 
22
23 DARLINE W. LABAR
24 Official Court Reporter
25 194th Judicial District Court
Dallas County, Texas
(214) 653-5803

Certification No. 1064 Expires December 31, 2002